NEVADA STATE HEALTH DIVISION

Oral Health Program

Annual Report
Program Year 2003-04

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Bureau of Family Health Services

Nevada State Health Division

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NEVADA STATE HEALTH DIVISION
ORAL HEALTH CAPACITY BUILDING PROGRAM

Annual Report: Program Year 2003-04

INTRODUCTION

As Dr. C. Everett Koop stated during his term as U.S. Surgeon General, "You are not healthy without good oral health." Oral health problems can be extremely painful for all age groups, with the pain often leading to problems with eating, nutrition and sleeping.

Research has shown that a lack of proper dental care can also be directly linked to other poor health conditions. Minor infections and diseases of the gums and mouth can lead to serious infections and diseases of the mouth and gums which can spread to other parts of the body. The American Dental Hygienists' Association states that "poor oral health has been identified as a risk factor contributing to respiratory system (lung) diseases – chronic bronchitis, emphysema, and pneumonia." Preventive dental care can lead to better overall health status and well-being.

For children, the pain and infection caused by dental caries can lead to problems in speaking and attention in school. Other studies have shown that chronic dental problems in children can adversely affect self-image, school attendance, and school performance. Nationally, an estimated 50 million hours of school time are lost annually by children because of oral health problems.

Promoting good oral health among all Nevadans is clearly an important public health goal. The Nevada State Health Division has worked for many years toward this goal. In 1999, funding from the Maternal and Child Health Block Grant made it possible to establish a State Oral Health Initiative with a prevention and education focus. The Centers for Disease Control and Prevention (CDC) then awarded a five-year cooperative agreement in July 2001, enabling Nevada to expand these activities by establishing the State Oral Health Program (OHP) to work towards systematic enhancements in the planning and development of state, regional and local efforts to improve oral health in Nevada.

This annual report highlights accomplishments of the OHP and many other partners working to improve oral health in Nevada, covering the fiscal year July 1, 2003 through June 30, 2004. It also presents the best current data available about oral health conditions in the state. The report is organized in three levels of detail. This introduction plus the next section, Summary of Findings and Recommendations, provide an executive summary of the most important information. The rest of the main body of the report contains more in-depth analysis of public oral health activities and the resulting outcomes achieved. The appendices offer very detailed material about program activities and evaluation findings

Overview of the State Oral Health Program

The State Oral Health Program (OHP) is a statewide program under the Bureau of Family Health Services in the Nevada State Health Division. The mission of the OHP is to improve the oral health of Nevadans through education and prevention. This mission is pursued by fulfilling several key roles, which include:

- Sponsor research and analyze data to understand the magnitude of oral disease, populations affected by oral disease and unmet oral health needs;

- Develop a comprehensive statewide plan for addressing the unmet needs and improving oral health in Nevada;
- Promote partnerships at state, regional and local levels that bring together diverse groups toward the common goal of improving oral health;
- Identify opportunities to prevent oral disease and work to develop and support efforts to act upon these prevention opportunities;
- Support specific programs, such as application of dental sealants for school-age children and community water fluoridation, that are proven to have significant long-term positive effects on oral health; and
- Coordinate sharing of best practices and lessons learned within the state and with other states.

The staff of the OHP includes a State Dental Health Consultant, an Oral Health Program Manager, a Biostatistician, a Fluoridation Consultant, an Administrative Assistant, a Health Educator and a Sealant Coordinator. A 13-member Oral Health Advisory Committee (OHAC) provides advice and assists the OHP in developing, implementing and evaluating program activities. Members of the OHAC currently represent the State Board of Dental Examiners, Nevada Dental Association, Nevada Dental Hygienists' Association, University of Nevada Las Vegas, School of Dental Medicine, Miles for Smiles, the Take Care-A-Van, the Washoe and Clark County Health Departments, tribal health centers, seniors, the developmentally disabled and the faith-based communities.

Supporting optimal oral health is a complex effort involving many partners. There are currently six coalitions or variations on coalitions in Nevada with a primary focus on oral health. They include the OHAC (statewide), the Northern Nevada Dental Coalition for Underserved Populations (Washoe County), Lyon County Healthy Smiles, Inc. (Lyon County), the Elko Oral Health Coalition (Elko County), the Community Coalition for Oral Health (Clark County) and the Tooth Fairy Council (children's oral health in Clark County). Each group shares activities and information with the other groups. The OHP provides assistance by facilitating communication and collaboration between them.

Purpose of the Report

This annual report is intended to serve several purposes, each related to a different audience. For the OHP, the Nevada State Health Division and the Nevada State Legislature, the report shows what has been achieved through the investments made in the OHP and provides guidance to further strengthen state oral health activities. For the oral health coalitions and numerous partners around the state working to improve oral health, the report provides information for making strategic decisions about which activities to focus on and presents the best available data to demonstrate the need for making additional investments in oral health programs. For the Centers for Disease Control and Prevention (CDC), the report serves as an evaluation of state oral disease prevention capacity building programs funded in fiscal year 2003-04 through the CDC grant.

Evaluation Methodology

In the context of health improvement programs, "evaluation" refers to the process of asking and answering questions about the quality and value of the program. It is a way to assess the extent to which a program has achieved its goals and objectives, and to provide valuable insights into how the program can be improved in the future.

A consulting firm with extensive experience in oral health programs and evaluation methods, Social Entrepreneurs Inc. (SEI), was contracted by the Nevada State Health Division to develop evaluation tools

and techniques for the OHP, analyze the results of information gathered through the evaluation process, and prepare this annual report to present findings and recommendations.

An approach called *participatory evaluation* was used for the OHP. Participatory evaluation focuses on learning, success and action; its goal is to provide information for program management and not necessarily to make definitive statements about program outcomes. It is based on the principle that the evaluation must be useful to the people who are doing the work that is being evaluated and thus those people must be integrally involved in defining the questions to be asked and the methods to be used in collecting and analyzing data.

The evaluation approach used for the OHP and embodied in this report was developed collaboratively by a team comprised of Christine Forsch, the State Oral Health Program Manager; Thara Salamone, Biostatistician II for the OHP; Mike Johnson, Director of Community Benefit and Outreach at Saint Mary's Network; Eli Schwarz, a dentist and former chair elect of the Community Coalition for Oral Health in Southern Nevada; R. Michael Sanders, State Oral Health Consultant and Director of Patient Care Services at the UNLV School of Dental Medicine; and Mike Smith, the evaluation consultant from Social Entrepreneurs, Inc. The team formulated the evaluation approach, reviewed data collection tools prepared by the evaluation consultant, and provided guidance on the format of the annual report. Specific data collection methods were developed for each of the OHP's program goals. The evaluation design was also presented to representatives from the CDC in January 2004 to obtain their input.

Because improvements in oral health can take several years to achieve, allowing prevention and education efforts enough time to have a measurable impact – and because the focus of participatory evaluation is on gathering information that is truly meaningful for program management – the evaluation activities for 2003-04 emphasized learning about the various OHP program activities. At the same time, important new studies were conducted to assess the extent of oral disease within targeted populations so that changes in oral health outcomes can be tracked over time. Appendix 1 contains a complete list of studies and information sources utilized for the annual report.

SUMMARY OF FINDINGS AND RECOMMENDATIONS

2003-04 was a year of exceptional accomplishment for the State Oral Health Program (OHP) and many other organizations around the state working to improve oral health in Nevada. All of the annual objectives set for the OHP were fully met or exceeded.

However, the magnitude of the state's oral health needs must not be underestimated. Nevada's population has doubled in the last 15 years, with major changes in the ethnic and age composition of the state's residents also occurring since 1990. It has only been during the past five years of this period of rapid growth that oral health has received attention as an important public health issue in Nevada.

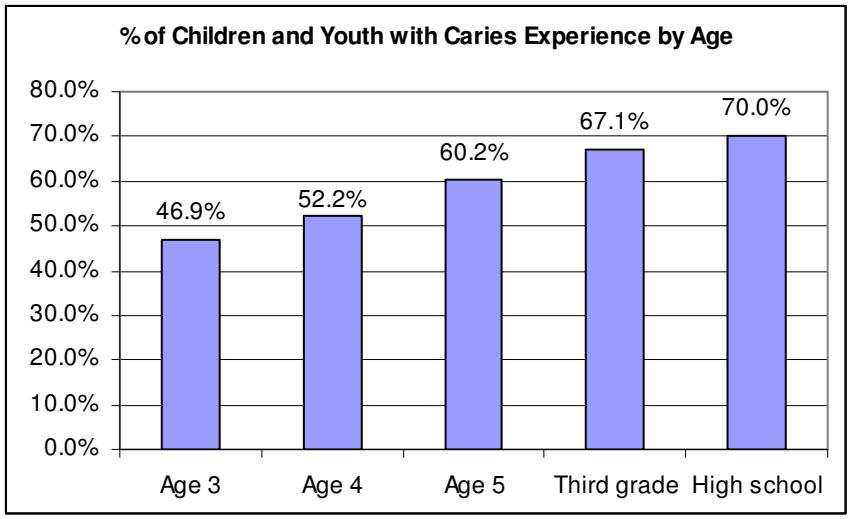
The result is a situation where the last five years were needed to build the type of statewide capacity – the leadership, services, partnerships and other infrastructure – necessary to impact oral health conditions in the state. A solid foundation has now been laid that can make a measurable difference in improving oral health if it can be sustained and further strengthened in the years to come.

Current Status of Oral Health in Nevada

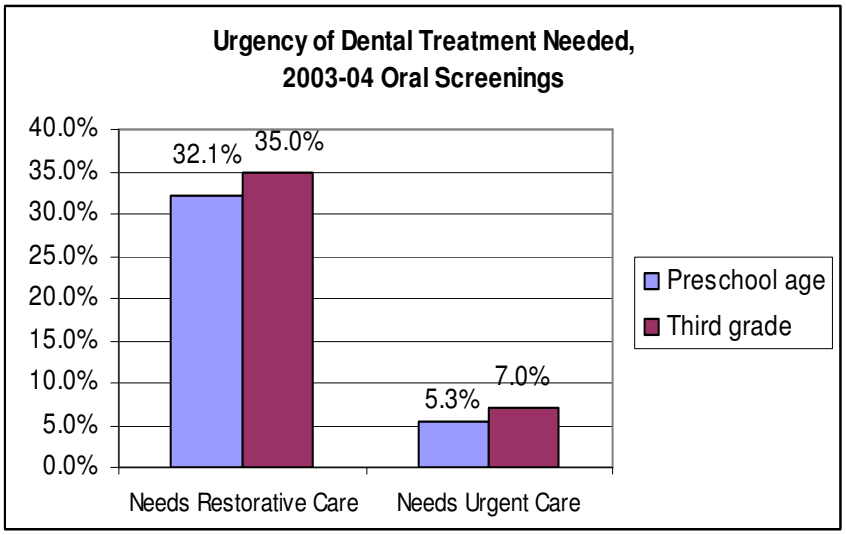
The main forms of oral disease requiring attention as public health issues are dental caries (cavities) affecting teeth, periodontal diseases affecting the gums and bone supporting the teeth, and oral cancers.

Dental caries begin at a young age and accumulate throughout life, underscoring the importance of starting efforts early in childhood to prevent caries. According to *Oral Health in America: A Report of the Surgeon General*, tooth decay is the single most common chronic childhood disease.

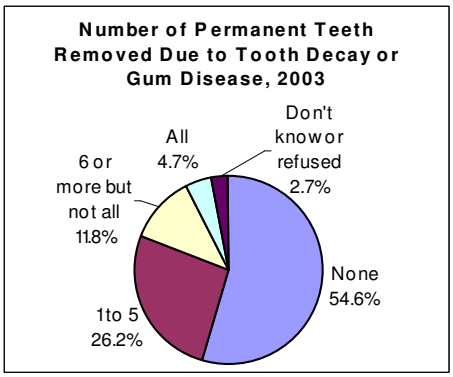
In Nevada, recent data shows that by age five, over 60 percent of children participating in the Head Start program had already developed one or more cavities. By third grade, over 67 percent of children had caries experience. The chart to the right shows the progression of caries experience among different age groups that have been screened in Nevada for dental issues within the past two years.



Of significant concern is that many children with tooth decay have not received treatment for the decay. Left untreated, the decay often worsens to the point of creating chronic pain, swollen or bleeding gums and other conditions. The 2004 oral screening of children age three to five in Nevada's Head Start programs found 37.5 percent with untreated dental decay, of which 5.3 percent were in need of urgent care due to problems such as current pain and/or infection. A 2003 screening of third grade children across all economic groups found even higher rates; 39.0 percent of children had visible untreated dental decay and 7.0 percent needed urgent care. Among adolescents, a 2004 screening of almost 12,000 high school students found untreated decay in 31.7 percent of students.



Over time, tooth decay often leads to more serious oral health conditions. One indicator of more serious conditions is the loss of teeth as a result of tooth decay or periodontal (gum) diseases. The 2004 screening of high school students showed over 15 percent of students with missing teeth. Among adults of all ages surveyed in 2003, 45.5 percent reported having at least one tooth removed due to tooth decay or gum disease. Highlighting the potential severity of chronic oral disease, 16.5 percent of adults indicated they have lost six or more teeth due to tooth decay or gum disease.



Seniors are particularly hard hit by oral health problems. The most recent detailed study of the oral health of seniors, conducted by Cristman Associates in 1999, found that among seniors living in long-term care facilities:

- 24% were experiencing chewing problems
- 14% had teeth that were broken, loose or with visible untreated caries
- 8% had current mouth pain
- 6% had inflamed gums (gingiva), swollen gums or bleeding gums
- 23% had lost some natural teeth but did not have dentures or a partial plate
- 6% had lost all of their natural teeth but did not have dentures
- 3% had oral infections, ulcers or rashes

The most serious of oral diseases is oral cancer, consisting of cancers of the lip, oral cavity and pharynx. Nevada recorded 210 cases of oral cancer in 2000. The five-year survival rate for Nevadans with oral cancer is 31 percent. Between 1996 and 2000, there were 213 deaths from oral cancer in the state.

While mortality from oral cancer typically does not occur until age 45 or later, the seeds are often planted in the adolescent years. As an indicator of this, the open mouth screenings of high school students performed by Crackdown on Cancer include a search for abnormal, soft tissue lesions that may become cancerous. A total of 131 lesions were found during the 2003-04 academic year screenings. For each lesion, a rating of suspicion (indication that lesion may become cancerous) between 1 and 10, with 10 being the most suspicious, was assigned. A high 33.7 percent of the lesions had ratings between 6 and 10.

The most effective means of reducing the prevalence and severity of oral health problems are public education about proper dental care starting from birth, access to regular visits to a dentist, and preventive measures, especially placement of dental sealants on permanent molars at an early age and fluoridation of community water sources. There is room for substantial improvement in Nevada with respect to these important determinants of oral health, as evidenced by the following findings from recent research:

- Of the preschool age children screened in 2004, 14.8 percent had never been to the dentist. The average number of decayed teeth among children with a lack of access to dental care was 2.5 times the average number for children who obtained service. Among third grade children screened in 2003, 11.2 percent had never been to a dentist and another 5.2 percent had not seen a dentist for over three years. Among adults, 11.3 percent of respondents to the 2003 Behavioral Risk Factor Surveillance System survey had either not visited a dentist for over five years or had never been to a dentist.

- Access to a dentist is directly linked to whether a person or family has dental insurance. Of the parents in the 2004 study of preschool age children in the Head Start program, 35.3 percent reported that they do not have dental insurance. Of third grade children in the 2003 study, 27.4 percent are not covered by dental insurance.

- As of 2003, 33.2 percent of third grade children had dental sealants placed on at least one permanent molar, well under the Healthy People 2010 goal of 50 percent.

- Of the population in Nevada served by community water systems, 69 percent receive fluoridated water, compared to the Healthy People 2010 target of 75 percent.

2003-04 Accomplishments to Improve Oral Health

The OHP is focused on achieving ten capacity building goals, creating a strong statewide infrastructure to carry out oral health prevention and education activities. Each year, specific objectives are set that describe what the OHP seeks to accomplish during that year toward achieving the longer-term goals. All of the annual objectives set for the OHP in fiscal year 2003-04 were fully achieved or exceeded. The chart below summarizes the achievements for the year, linked to the ten longer-term goals.

Goal	2003-04 Accomplishments
1. Maintain Oral Health Program leadership capacity	✓ Contracted with R. Michael Sanders, DMD, EdM, for the position of State Dental Health Consultant ✓ Met all other targeted staffing and resource levels set for the OHP for the year ✓ Surveyed oral health leaders statewide regarding the extent to which Nevada has a strong statewide oral health infrastructure, providing guidance about areas where leadership capacity can be further strengthened
2. Describe the oral health disease burden, health disparities and unmet needs in the state	✓ Issued the annual oral health burden document in December 2003 and distributed it to over 130 stakeholders statewide ✓ Issued a brief questionnaire to recipients to obtain feedback on ways to make future improvements to the burden document
3. Update a comprehensive five-year State Oral Health Plan	✓ Held a statewide Oral Health Summit in January 2004 to engage all oral health coalitions in the state and other stakeholders in planning future improvements to oral health infrastructure ✓ Developed and published the 2004 State Oral Health Plan ✓ Issued a brief questionnaire to recipients to obtain feedback on ways to make future improvements to the Oral Health Plan
4. Sustain a diverse statewide oral health coalition to assist in formulation of plans, guide project activities, and identify additional financial resources	✓ Provided support to five regional coalitions in Nevada with a primary focus on oral health ✓ Convened the State Oral Health Advisory Committee quarterly to connect all of the regional coalitions together and assist with state-level planning and development activities ✓ Conducted an assessment with local coalition members to help strengthen overall functioning and clarify future priorities
5. Enhance the oral disease surveillance system by continuing to collect, analyze, and disseminate data to support program activity	✓ Conducted a statewide oral screening of over 1,700 Head Start children age five and under and issued a report of study results ✓ Collected and analyzed data from the Behavioral Risk Factor Surveillance System on adult access to dental care and tooth loss ✓ Obtained and analyzed data from all school-based dental sealant programs in the state ✓ Monitored water fluoridation consistent with the national Water Fluoridation Reporting System standards ✓ Analyzed data collected by Crackdown on Cancer from oral screenings conducted for 11,787 high school students statewide during the 2003-04 academic year

Goal	2003-04 Accomplishments
6. Identify prevention opportunities for systematic, socio-political, and/or policy change to improve oral health	✓ Conducted an environmental assessment to identify areas in which policy change could potentially improve oral health ✓ Developed fact sheets on dental sealants and water fluoridation to use in educating policy makers and the public ✓ Sought additional funding for school based sealant programs
6. Identify prevention opportunities (continued)	✓ Assisted the Community Coalition for Oral Health in Clark County with policy papers on oral health access/infrastructure, early childhood oral health needs, oral health care for older adults, water fluoridation, sealants and the dental workforce ✓ Bringing to fruition policy changes sought for several years, state law was amended to allow dental hygienists in public health settings to determine the suitability of teeth for dental sealants, to allow a dentist to authorize a dental hygienist to supervise a dental assistant, and to allow a dental hygienist with a Public Health Endorsement from the State Board of Dental Examiners to supervise a dental assistant in public health settings
7. Develop and coordinate partnerships to increase state level and community capacity to address specific oral disease prevention interventions	✓ Obtained information from oral health programs around the state to understand accomplishments, challenges and potential future partnership opportunities ✓ Partnered with the Nevada Broadcasters Association in an oral health education media campaign; a total of 14,129 radio and TV spots with a value of $1,508,950 were aired over 11 months ✓ Presented the Healthy Smile-Happy Child Early Childhood Caries prevention class 13 times to 126 participants. ✓ Conducted Prevent Abuse and Neglect through Dental Awareness (P.A.N.D.A.) training 39 times to 461 participants ✓ Assisted with creating the "1 Day" program, a collaboration in southern Nevada where dentists are providing free care to uninsured children referred by local agencies ✓ Worked with the Department of Education to integrate oral health education into the school curriculum ✓ Provided funding to Health Access Washoe (HAWC) County for an Early Childhood Caries (ECC) prevention project focusing on pregnant women and very young children ✓ Served on seven state and national boards and advisory committees to promote oral health and link oral health issues to health care and child care programs

Goal	2003-04 Accomplishments
8. Coordinate and implement a limited community water fluoridation program	✓ In cooperation with the Bureau of Health Protection Services, developed and implemented a comprehensive fluoride inspection program according to the standards set by the national Engineering and Administrative Recommendations for Water Fluoridation (EARWF) ✓ Conducted inspections of Las Vegas Valley Water Authority and the City of Henderson fluoridation equipment and tracked results of daily testing of fluoridation levels ✓ Sponsored fluoridation training for a water plant operator for each of the two water authorities that fluoridates ✓ Initiated a study of naturally occurring fluoride levels
9. Evaluate, document & share state program accomplish-ments, best practices, lessons learned, and use of evaluation results	✓ Developed and implemented a process to conduct an annual evaluation of the OHP, resulting in this annual report ✓ Presented program accomplishments quarterly to the State Oral Health Advisory Committee and at four national conferences
10. Assist the development, coordination, and implementation of limited school-based or school-linked dental sealant programs	✓ Participated actively in partnership for school-based sealant programs; in the 2003-04 school year, sealant programs were operating at 62 schools and 1,531 second-grade students had an oral screening and sealants placed through these programs ✓ Assisted the school-based sealant programs by helping to locate volunteer dentists to provide screenings prior to sealant placement, locating volunteer dental hygienists to provide screening and sealant placement, obtaining free dental sealant material, providing four sets of dental equipment to utilize in the sealant program, and collecting and analyzing reports from the dental sealant program partners ✓ Developed a resource list showing where children needing restorative services can receive services

In addition to the ten goals that were the focus of OHP efforts, numerous organizations around the state were working in 2003-04 to provide oral health education, prevention and treatment services. Twenty-nine local, regional and statewide programs are in operation, reaching underserved populations in almost every area of the state with some level of services related to oral health.

This report focuses on public health efforts to prevent oral disease, and does not cover private dental services or issues such as whether there are an adequate number of dentist and dental hygienists in Nevada. However, the active participation of hundreds of dentists and dental hygienists around the state in projects to improve oral health must be gratefully acknowledged. The donation of time and resources by these professionals is crucial to the success of the oral health coalitions, school-based sealant programs and many of the other initiatives described in this report.

Recommendations

Following is a summary of the most important recommendations emerging from the 2003-04 evaluation.

1. **Diversify, expand and sustain funding**. The OHP should have a major role in future capacity building for oral health prevention and education because it has demonstrated that it is accountable to its goals, effective in developing partnerships and supporting coalitions around the state, and able

to accomplish much with limited resources. However, this cannot happen over the long run without more diversified funding, as 100 percent of OHP funding currently comes from time-limited federal grants. Additional resources are also needed to support the dental coalitions around the state, school-based dental sealant programs and other valuable prevention efforts.

2. **Address data gaps**. Several opportunities exist to fill gaps in data that are critical for planning and decision-making. These include better information to align program capacity with priority population needs, better data on oral health needs of adolescents and adults, data to assess the prevalence of periodontal disease and the percent of population receiving preventive services, and consistency in data collection methods to enable trends to be analyzed over time.

3. **Sustain the emphasis on collaboration**. Progress has been accelerated when partners from around the state have been able to work together in a coordinated manner on oral health improvements. Ways in which collaboration can be aided in the future include holding another State Oral Health Summit in 2005 to bring partners together, provide a Coalition Coordinator to support the local coalitions and help them work together across regions, and creating regional plans to further clarify the roles of the local coalitions in carrying out the strategies described in the State Oral Health Plan.
4. **Further enhance the evaluation process**. Opportunities to build upon the 2003-04 evaluation of the OHP include creating a thorough evaluation plan for 2004-05, identifying more best practices from other states that can be considered for use in Nevada, and assessing local oral health leadership capacity in order to identify ways to strengthen leadership at all levels (local, regional and state).

Conclusion

The current picture is one of both great need and substantial hope. Oral disease is hurting the health and well being of large percentages of our residents at all age levels, yet there is hope for the future because of the major advances made in recent years in oral health infrastructure and collaboration. The key is sustaining the commitment to oral health through continued investments in education, prevention, and a strong state support system.

PROGRAM ACTIVITIES AND RESULTS

In the cooperative agreement with the CDC, the OHP has committed to pursuing ten capacity building goals over a five-year period. These goals emphasize creating a strong statewide infrastructure to carry out oral health prevention and education activities; they do not cover dental treatment services. The goals are:

1. Maintain Oral Health Program leadership capacity.
2. Describe the oral health disease burden, health disparities and unmet needs in the state.
3. Update a comprehensive five-year State Oral Health Plan.
4. Sustain a diverse statewide oral health coalition to assist in formulation of plans, guide project activities, and identify additional financial resources.
5. Enhance the oral disease surveillance system by continuing to collect, analyze, and disseminate data to support program activity, including a surveillance plan logic model consistent with the CDC Surveillance Logic Model.
6. Identify prevention opportunities for systematic, socio-political, and/or policy change to improve oral health by conducting a periodic assessment of policy and systems level strategies with potential to reduce oral disease.
7. Develop and coordinate partnerships to increase state level and community capacity to address specific oral disease prevention interventions.

8. Coordinate and implement a limited community water fluoridation program.
9. Evaluate, document and share state program accomplishments, best practices, lessons learned, and use of evaluation results.
10. Continue to provide assistance in the development, coordination, and implementation of limited school-based or school-linked dental sealant programs.

Each year, specific objectives are set that describe what the OHP seeks to accomplish during that year toward achieving the longer-term goals.

This section of the report presents, for each of the ten goals, a summary of the objectives for the year, activities conducted during the year, evaluation results and recommendations for the future. Please note that these are only summaries of accomplishments for the year. Further, these are not just accomplishments of the State Oral Health Program – many people and organizations are working together to achieve the goals. More detailed information about OHP accomplishments is contained in Appendix 2. More detailed information about oral health programs operating around the state, other than the OHP, can be found in Appendix 3.

Goal #1: Maintain Oral Health Program Leadership Capacity

WHY IS IT IMPORTANT?

The OHP must have the leadership and resources necessary to carry out all of the other goals described in this report – to collect and analyze data, bring together and support diverse coalitions, pursue new prevention opportunities, secure funding and fill other roles – in order to build and sustain an effective, coordinated, statewide system for optimizing oral health in Nevada.

2003-04 OBJECTIVES

1. Contract for the services of a State Dental Health Officer.
2. Maintain OHP staffing at a level of 3.5 full-time equivalent positions, consisting of full-time Oral Health Program Consultant, Biostatistician, and Administrative Assistant positions and a half-time Health Education and Information Officer to coordinate the dental sealant program.
3. Contract for half-time Fluoridation Consultant and Health Educator positions and maintain access to an epidemiologist and a water engineer with fluoridation training.

SUMMARY OF 2003-04 ACCOMPLISHMENTS

- ✓ Contracted with R. Michael Sanders, DMD, EdM, for the position of State Dental Health Consultant, effective October 2003.
- ✓ Met all other targeted staffing and resource levels set in the objectives for the year. The Oral Health Program Consultant, Christine Forsch, was converted to a full-time Program Manager position within the Nevada State Health Division.
- ✓ Surveyed participants of the 2004 State Oral Health Summit regarding the extent to which Nevada has accomplished activities related to the essential functions of a statewide oral health infrastructure as defined by the Association of State and Territorial Dental Directors (ASTDD). The survey yielded statewide feedback highlighting areas where leadership capacity could be further strengthened.

SUMMARY OF LEARNING AND RECOMMENDATIONS

- All of the objectives in the one-year OHP work plan were achieved.
- The functions that 2004 Oral Health Summit participants rated as being most accomplished are building linkages with partners interested in reducing the burden of oral diseases, providing leadership through an adequately staffed oral health unit, developing and maintaining a state oral health improvement plan, and developing and promoting policies for better oral health. The ratings reflect the efforts made in recent years to develop a state oral health infrastructure.
- Functions rated as being least accomplished largely related to resources and service capacity issues: establishing and maintaining a state-based oral health surveillance system, building community capacity to implement community-level interventions, and leveraging resources to adequately fund public health functions.
- Evaluation findings show clear progress in the past two years and recognition by stakeholders across the state of excellent leadership provided by the OHP staff. At the same time, considerably more needs to be done. Two particular challenges are a lack of sufficient resources to support dental coalitions working throughout the state, and the need for diversified and sustainable funding for the OHP since currently 100 percent of OHP funding comes from federal grants.
- Activities to identify and further strengthen local level leadership on oral health issues should be expanded in the future.

Goal #2: Describe Oral Health Disease Burden and Unmet Needs

WHY IS IT IMPORTANT?

Annual analysis to define the magnitude of oral disease and identify oral health needs of Nevadans that are not being met is essential to making good strategic decisions about where to invest limited resources to have the greatest effect on public health. Nevada's population continues to change rapidly, adding to the importance of annual assessment of the oral disease burden.

2003-04 OBJECTIVES

1. Issue a publicly available oral disease burden document that shows the prevalence of oral health issues for different target populations defined by age, ethnicity, geographic area and other factors.
2. Track the dissemination and usage of the burden document.

SUMMARY OF 2003-04 ACCOMPLISHMENTS

- ✓ The annual oral health burden document was completed in December 2003 and distributed to over 130 stakeholders. The burden document is publicly available on the Internet at http://health2k.state.nv.us/oral.
- ✓ The development of the burden document included steps to collect available data on oral health status, identify target populations, compare Nevada to national and other state data where available and applicable, and organize the results of the data collection and analysis.
- ✓ A brief questionnaire was issued to recipients of the burden document seeking feedback on the usefulness of the document. Responses to the questionnaire were compiled and analyzed.

SUMMARY OF LEARNING AND RECOMMENDATIONS

- All of the objectives in the one-year OHP work plan were achieved.
- Survey results indicated that the respondents agreed the report could be used to improve oral health activities within their organization. On a five point scale where 1=Strongly Disagree and 5=Strongly Agree, the average response was 4.19.
- The primary uses of the burden document per survey responses are to provide data for grant applications and funding opportunities (26%), education on oral health needs (22%), program planning (19%) and to make policy decisions (17%). Two percent of respondents could not see any use for the report at all.
- A recommendation for 2004-05 is to reevaluate and clarify the purpose and intended audience of the burden document as compared to the annual report and other reports produced by the OHP. Several survey respondents suggested that the burden document be expanded to include more analysis of different demographic groups and add more analysis of individual oral health issues, which would expand the document beyond its initial purpose of being a concise snapshot of key indicators of oral health.
- A second recommendation for 2004-05, if OHP staff capacity permits, is to develop presentation tools that highlight the key information from the burden document and distribute the presentation tools to stakeholders around the state for their use in raising awareness of oral health issues.

Goal #3: Update a Comprehensive Five-Year State Oral Health Plan

WHY IS IT IMPORTANT?

The State Oral Health Plan is the means of creating statewide agreement about the most important goals to achieve in the next five years to improve oral health, and the specific action steps to take to achieve those goals. It provides a vital framework for focusing resources and enabling many partners across the state to work together in a coordinated manner to improve oral health.

2003-04 OBJECTIVES

1. Hold a strategic meeting of stakeholders to update the State Oral Health Plan.
2. Produce an updated oral health plan that address all components specified by the Centers for Disease Control and Prevention including: oral health infrastructure, Healthy People 2010 objectives, caries, water fluoridation and dental sealants, a description of priority populations and burden of disease, strategies to identify best practices that can be replicated, evaluation strategies, implementation strategies, oral cancer, periodontal disease, and infection control.
3. Track the dissemination and usage of the State Oral Health Plan.

SUMMARY OF 2003-04 ACCOMPLISHMENTS

- ✓ A statewide Oral Health Summit was held in January 2004 Reno with 71 people participating. All six oral health coalitions in the state were represented, together with Nevada State Health Division representatives and other stakeholders from around the state.
- ✓ Results of the summit were documented and analyzed, leading to the development of the 2004 State Oral Health Plan document, which was released in May 2004. The plan is publicly available on the Internet at http://health2k.state.nv.us/oral.
- ✓ The plan was sent to all participants of the Oral Health Summit along with a brief questionnaire seeking feedback on the content, format and usefulness of the plan.

SUMMARY OF LEARNING AND RECOMMENDATIONS

- All of the objectives in the one-year OHP work plan were achieved. Most importantly, the plan was developed through active involvement of stakeholders from all around the state.
- The primary recommendation is to work with communities and coalitions to develop regional oral health plans that (a) show what the region is committed to doing toward achieving the goals described in the State Oral Health Plan, and (b) identify ways to strengthen local resources and infrastructure related to oral health. The regional plans can be powerful tools to unify leadership, coalitions and partnerships throughout the state since collaborative efforts are essential to making continued progress in oral health improvement.
- Another recommendation is to hold another State Oral Health Summit in 2005 rather than waiting two or more years, allowing stakeholders to share information about progress made toward implementing the plan and to strategize on ways to further strengthen implementation efforts.
- Despite follow-up attempts, the number of responses received to the survey seeking feedback on the State Oral Health Plan was insufficient to draw conclusions. Feedback on the State Oral Health Plan will instead be sought at the 2005 State Oral Health Summit.

Goal #4: Sustain Diverse Oral Health Coalitions

WHY IS IT IMPORTANT?

Local and regional coalitions are a forum for diverse groups to come together to determine how to best plan and coordinate local efforts to improve oral health. The state-level Oral Health Advisory Committee provides a way to connect all of the local coalitions together and gives critical guidance to the OHP on priorities and activities to strengthen the statewide oral health infrastructure.

2003-04 OBJECTIVES

1. Invite local coalition members to serve on the State Oral Health Advisory Committee (OHAC).
2. Convene a joint meeting of the Community Coalition for Oral Health in southern Nevada and the Northern Nevada Dental Coalition for Underserved Populations to identify projects in which the two coalitions may collaborate, and maintain regular communications between these coalitions.

SUMMARY OF 2003-04 ACCOMPLISHMENTS

- ✓ The OHP provided support to the five local/regional coalitions in Nevada with a primary focus on oral health: the Northern Nevada Dental Coalition for Underserved Populations (Washoe County), Lyon County Healthy Smiles, Inc. (Lyon County), the Elko Oral Health Coalition (Elko County), the Community Coalition for Oral Health (Clark County) and the Tooth Fairy Council (children's oral health in Clark County). A particular local coalition achievement is the creation of the "1 Day" program, a collaboration where dentists in southern Nevada are being recruited to provide free care to uninsured children who are referred into the program by local agencies.
- ✓ OHAC membership included representatives from the local coalitions. The committee met quarterly to monitor progress toward state oral health plans and facilitate collaboration among the local oral health coalitions and between the local coalitions and the State program.
- ✓ Local coalitions came together at a statewide Oral Health Summit as noted under goal #3.
- ✓ A survey was designed and issued to local coalition members in February 2004 in order to assess key aspects of the oral health prevention coalitions including overall functioning, planning activities, achievements and future priorities.

SUMMARY OF LEARNING AND RECOMMENDATIONS

- All of the objectives in the one-year OHP work plan were achieved.
- The survey of local coalition members showed that the coalitions have stable and committed membership. Aspects of coalition functioning that are working best are that activities are organized and efficient, members are able to discuss issues openly with equal opportunities to express opinions and contribute to the coalition, and the coalition maintains diverse membership that includes representation from groups related to oral health that should be involved.
- Suggestions from members for improving the functioning of the coalitions mainly focused on the need for more funding and staff support for the work of the coalitions, expanded outreach and involvement of increasingly diverse groups beyond provider organizations and public entities (such as youth groups), and assistance with legislative advocacy issues. To help with these issues, it is recommended that a Coalition Coordinator be hired within the OHP. The Coordinator can help coalitions define objectives, develop plans, develop local leadership, acquire resources, establish performance measures and address other technical assistance needs. This position can also further promote communication and collaboration across coalitions.

Goal #5: Enhance the Oral Disease Surveillance System

WHY IS IT IMPORTANT?

The oral disease surveillance system is the means of gathering reliable data on oral health status, interventions to improve oral health, water fluoridation monitoring and other data essential to public health planning. The surveillance system produces the data contained in the burden document (goal #2), this annual report and many other documents used around the state.

2003-04 OBJECTIVES

1. Collect key health indicators consistent with the National Oral Health Surveillance System (NOHSS) and the Association of State and Territorial Dental Directors (ASTDD) State Synopsis.
2. Monitor water fluoridation consistent with the national Water Fluoridation Reporting System.
3. Conduct a statewide oral health surveillance survey of the prevalence of Early Childhood Caries.

SUMMARY OF 2003-04 ACCOMPLISHMENTS

- ✓ Conducted a statewide Basic Screening Survey study of Early Childhood Caries and other early oral health issues through an oral screening of over 1,700 children at all 51 Early Head Start (0 to 3 years of age) and Head Start sites in Nevada. A report presenting the results of the study was released in June 2004 and is available on the Internet at http://health2k.state.nv.us/oral.
- ✓ Collected and analyzed data from the Oral Health module of the Behavioral Risk Factor Surveillance System (BRFSS) in order to assess access to dental care and tooth loss due to tooth decay or gum disease for all ages of adults.
- ✓ Obtained and analyzed data from all school-based dental sealant programs in the state.
- ✓ Monitored daily fluoride concentrations and average monthly concentrations at each water plant, per Water Fluoridation Reporting System requirements
- ✓ Analyzed data collected by Crackdown on Cancer from oral screenings conducted for 11,787 high school students statewide during the 2003-04 academic year.

SUMMARY OF LEARNING AND RECOMMENDATIONS

- All of the objectives in the one-year OHP work plan were achieved. Of particular note is that the 2004 oral health study of preschool-age children, together with a similar study of third grade children completed in February 2003, represent perhaps the best data on the oral health of children that has ever been available in Nevada.
- Since the State Oral Health Plan was just revised in 2004, the surveillance plan for data collection, analysis, dissemination and use will need to be reviewed and revised to ensure alignment with the components of the Oral Health Plan.
- Several enhancements to the surveillance system are recommended in the Data Development Issues section, which starts on page 36 of this annual report. The enhancements seek to improve the quality of data for program management and evaluation purposes in the areas of oral health of adolescents and adults, prevalence of periodontal disease, access to and usage of preventive services, and matching programs to the needs of priority populations. However, additional resources will be required to implement these recommendations; the current surveillance system has made substantial strides in collecting meaningful data with limited resources during the past two years but is stretched to its capacity.
- Another recommendation is to communicate the surveillance plan to the local coalitions so that coalitions will know about data collection efforts and can assist with those efforts as appropriate.

Goal #6: Identify Prevention Opportunities for Systems/Policy Change

WHY IS IT IMPORTANT?

Prevention of oral disease is a fundamental purpose for the OHP to exist, and is a central goal for many oral health programs around the state. Many prevention opportunities are best pursued on a broad scale – at a state or regional level – and thus require effective state-level leadership together with strong local support to change systems and policies in ways that are optimal for prevention.

2003-04 OBJECTIVES

1. Conduct an environmental assessment to identify areas in which policy change could potentially improve oral health.
2. Review the assessment results and identify opportunities for systematic, socio-political and or policy change to improve oral health.
3. Disseminate information on the identified prevention opportunities to local coalitions and stakeholders, and identify partners to advocate for appropriate changes.

SUMMARY OF 2003-04 ACCOMPLISHMENTS

- ✓ State Oral Health Advisory Committee (OHAC) completed an environmental assessment in November 2003, using a tool provided by the Centers for Disease Control and Prevention.
- ✓ In response to issues highlighted in the environmental assessment, OHP developed fact sheets on dental sealants and water fluoridation to use in educating policy makers and the public, sought additional funding for school based sealant programs, and incorporated prevention opportunities into the State Oral Health Plan revised in 2004.
- ✓ In May 2004, state law was amended to allow dental hygienists in public health settings to determine the suitability of teeth for dental sealant placement. This brought to fruition a policy change sought for several years that will increase access to personnel for sealant programs.
- ✓ On a related matter, regulations were adopted in June 2004 to allow a dentist to authorize a dental hygienist to supervise a dental assistant and to allow a dental hygienist who has received a Public Health Endorsement from the State Board of Dental Examiners, to supervise a dental assistant in public health settings.
- ✓ The Community Coalition for Oral Health in Clark County, in cooperation with the OHP, has developed policy papers on oral health access/infrastructure, early childhood oral health needs, oral health care for older adults, community water fluoridation, sealants and the dental workforce. The policy papers include information on the public health issues, Nevada's statistics, and strategies for Nevada's future. The OHP is sharing these papers with other coalitions.

SUMMARY OF LEARNING AND RECOMMENDATIONS

- All of the objectives in the one-year OHP work plan were achieved.
- Throughout the categories covered in the environmental assessment, OHP was consistently rated as being one of the strongest supportive factors toward prevention and public oral health efforts. The critical element is ensuring that the OHP maintains the resources necessary to provide the statewide leadership and support needed to translate the plan into action.
- The environmental assessment also noted many conditions that are strongly supportive of the oral health coalitions in Nevada. To capitalize on this strength, a priority should be placed on more explicitly engaging the coalitions and local stakeholders to take a lead role in pursuing changes to systems and policies that support prevention efforts.

Goal #7: Develop and Coordinate Partnerships

WHY IS IT IMPORTANT?

Partnerships are the cornerstone of carrying out oral health prevention and education strategies. Most programs require active participation by a combination of public and private organizations in order to make new services available to target populations.

2003-04 OBJECTIVES

1. Identify appropriate partners to assess areas critical to the development of state-level and community-based oral health promotion and disease prevention programs.
2. Consult with and involve the identified partners.

SUMMARY OF 2003-04 ACCOMPLISHMENTS

- ✓ Profiles were sought from oral health programs around the state, highlighting accomplishments and providing important information to help identify potential future partnerships. These program profiles are included in Appendix 3 of the annual report.
- ✓ The Healthy Smile-Happy Child Early Childhood Caries prevention class, targeting the medical community along with childcare and social workers, was presented 13 times to 126 participants.
- ✓ Prevent Abuse and Neglect through Dental Awareness (P.A.N.D.A.) training, which targets dental, medical, childcare and social workers, was presented 39 times to 461 participants.
- ✓ The OHP partnered with the Nevada Broadcasters Association in an oral health education media campaign. From May 2003 through March 2004, a total of 14,129 radio and television spots with a combined value of $1,508,950 were aired.
- ✓ The OHP provided funding to the Great Basin Primary Care Association, in partnership with the Southern Nevada Dental Society and the Community Coalition for Oral Health, to create a network of volunteer dentists in Southern Nevada to provide dental care to uninsured children.
- ✓ The OHP worked with the Department of Education to integrate oral health education into the school curriculum. Further, the OHP Health Educator is developing training materials for school nurses in the Churchill County School District.
- ✓ The OHP has provided funding to Health Access Washoe (HAWC) County Community Health Center in Reno for an Early Childhood Caries (ECC) prevention project focusing on pregnant women and very young children.
- ✓ The OHP Program Manager serves on seven state and national boards and advisory committees to promote oral health and link oral health issues to health care and child care programs.

SUMMARY OF LEARNING AND RECOMMENDATIONS

- All of the objectives in the one-year OHP work plan were achieved.
- 28 programs operating at local, regional and state levels to provide oral health education, prevention and/or treatment services to underserved populations submitted information about their programs for this annual report. A summary of these important programs starts on page 20. The program information shows steady progress in increasing public access to oral health services; however, demand still greatly outweighs the availability of services.
- Key recommendations are (1) for the OHP to support continued communication, coordination and sharing of best practices, challenges and successes across programs and partnerships; and (2) to increase awareness of the value of partnerships and expand linkages beyond oral health programs.

Goal #8: Coordinate and Implement Community Water Fluoridation

WHY IS IT IMPORTANT?

Substantial evidence exists to show that fluoridation of community water sources is one of the most cost-effective ways to reduce the rate of dental caries. Water fluoridation, when implemented, must be performed according to strict guidelines to ensure public safety. The OHP has an important role in promoting and implementing safe water fluoridation in Nevada.

2003-04 OBJECTIVES

1. Establish a comprehensive fluoride inspection program in accordance with the standards set in the national Engineering and Administrative Recommendations for Water Fluoridation (EARWF).
2. Ensure that each water treatment plant that fluoridates has at least one water plant operator who has completed a comprehensive fluoridation-training program annually.

SUMMARY OF 2003-04 ACCOMPLISHMENTS

- ✓ The Oral Health Program, in cooperation with the Bureau of Health Protection Services, developed and implemented a comprehensive fluoride inspection program according to the standards set by the national Engineering and Administrative Recommendations for Water Fluoridation (EARWF).
- ✓ In compliance with the fluoride inspection program, inspections of Las Vegas Valley Water Authority and the City of Henderson fluoridation equipment were conducted in May 2004.
- ✓ Also as required by EARWF, fluoridation levels were tested daily and reported to the OHP, where they were tracked and analyzed by the Fluoridation Consultant contracted by OHP.
- ✓ OHP paid to have each of the two water authorities that fluoridates send a water plant operator to a CDC fluoridation training program in November 2003.
- ✓ An analysis of data on naturally occurring fluoride levels obtained from the United States Geological Survey (USGS) was performed at the University of Nevada Reno but was unable to reach any conclusions about the percentage of Nevadans receiving effective levels of fluoride through natural water supplies.

SUMMARY OF LEARNING AND RECOMMENDATIONS

- All of the objectives in the one-year OHP work plan were achieved.
- Ongoing support is needed from the OHP in order to meet the Centers for Disease Control and Prevention standard requiring each water authority that fluoridates to have at least one water plant operator that has completed a comprehensive fluoridation training program annually. The need for OHP support is due to the rate of turnover in water plant personnel and the lack of an institutionalized fluoridation training program in Nevada.
- Continued efforts are needed to educate communities about the benefits of optimally fluoridated water. In the environmental assessment completed in November 2003, the strongest inhibiting factors to oral disease prevention efforts relate to water fluoridation, where anti-fluoridation forces together with public attitudes are clearly inhibiting the expansion of water fluoridation.
- It is also recommended that a system be developed to collect, analyze and report naturally occurring fluoride in community water supplies.

Goal #9: Share Accomplishments, Best Practices and Learning

WHY IS IT IMPORTANT?

Annual evaluation of progress and results achieved by the OHP provides objective information to use in making continuous improvements to the program. A key part of making continuous improvements is ensuring that Nevada is learning from the best practices in public oral health in other states, and is sharing Nevada's best practices with other states for their potential use.

2003-04 OBJECTIVES

1. Conduct a systematic evaluation of all aspects of the State Oral Health Program.
2. Document program accomplishments through quarterly status reports to the State Oral Health Advisory Committee.
3. Share Nevada's program accomplishments through means including but not limited to submissions to the ASTDD Best Practices Synopsis database, presenting accomplishments at state and national conferences, and writing articles on Nevada's oral health activities and successes.

SUMMARY OF 2003-04 ACCOMPLISHMENTS

- ✓ A participatory evaluation process was developed and implemented to conduct an annual evaluation of the OHP, resulting in the issuance of this annual report to document the results of the evaluation. Several data collection instruments were created or adapted to assist with future evaluation activities.
- ✓ Program accomplishments were shared quarterly with the State Oral Health Advisory Committee via a written report prepared and presented by the Oral Health Program Manager.
- ✓ National presentations were made at the following forums in order to share Nevada's program accomplishments: National Primary Oral Health Conference, American Public Health Association Annual Session, Chicago Dental Society Mid-winter Meeting, 2004 National Oral Health Conference.

SUMMARY OF LEARNING AND RECOMMENDATIONS

- All of the objectives in the one-year OHP work plan were achieved.
- As this is the first year in which a systematic approach to evaluation has been implemented, with the evaluation design not begun until November 2003 and not completed with feedback from CDC until January 2004, the evaluation process used in fiscal year 2003-04 should only be viewed as a starting point that can and should be enhanced in 2004-05. Potential enhancements include developing a formal evaluation plan at the beginning of each fiscal year to use in managing the evaluation process and the usage of evaluation results, assessing oral health leadership capacity at the local level, and addressing the data gaps described in the Data Development Issues section of this report. Additional staffing is needed to enhance evaluation activities, so the OHP is planning to hire an Evaluation Specialist in fiscal year 2004-05.
- An additional recommendation is to include an objective in future OHP work plans to identify best and promising practices from other states and seek ways to apply those practices in Nevada where appropriate. The emphasis to this point has been on Nevada sharing its accomplishments with other states, not leveraging the learning of other states.

Goal #10: Implement School-Based Dental Sealant Programs

WHY IS IT IMPORTANT?

Dental sealants can play an important role in helping to prevent some forms of tooth decay, especially when applied to permanent molars of children by third grade before decay occurs. Oral screening of children and placement of sealants is a primary prevention strategy for Nevada.

2003-04 OBJECTIVES

1. Describe and document the number of eligible public elementary or secondary schools.
2. Describe and document the existing oral health assets related to sealant programs.
3. Document infrastructure in place for the coordination and management of school-based or school linked dental sealant programs.
4. Show collaborative working relationships and formal agreements between the Nevada State Health Division and the Department of Education.
5. Evaluate the sealant program annually.

SUMMARY OF 2003-04 ACCOMPLISHMENTS

- ✓ The OHP, Saint Mary's, the Nevada Dental Hygienists' Association, the Community College of Southern Nevada and the UNLV School of Dental Medicine have partnered with the public school system to provide sealants to students in Nevada. In the 2003-04 school year, there were 309 schools with a second grade class and a total of 30,520 second grade students. Of these schools, 62 or 20 percent of them had a school-based sealant program.
- ✓ A total of 1,531 second-grade students had sealants placed in a school-based dental sealant program during the 2003-04 school year, representing 5 percent of all second grade students but a much larger 30.5 percent of second grade students attending schools that had a school-based dental sealant program. These students received a total of 5,045 sealants or an average of 3.3 per student.
- ✓ The OHP assisted the school-based sealant programs by helping to locate volunteer dentists to provide screenings prior to sealant placement, locating volunteer dental hygienists to provide screening and sealant placement, obtaining free dental sealant material, providing four sets of dental equipment to utilize in the sealant program, and collecting and analyzing reports from the dental sealant program partners.
- ✓ A resource list was developed showing where children needing restorative services can receive services. It is used to refer children for appropriate after-care once they have been screened.
- ✓ The Nevada Department of Education has provided a letter of support for the Sealant Program. In addition, a formal Memorandum of Understanding has been established between Seal Nevada, Saint Mary's, the UNLV School of Dental Medicine, and the Clark County School District.

SUMMARY OF LEARNING AND RECOMMENDATIONS

- All of the objectives in the one-year OHP work plan were achieved.
- A significant need exists to diversify funding sources in order to sustain the school-based sealant programs. These programs are currently supported through grant funding streams that do not offer assurance of funding beyond the next two or three years. A specific financing strategy to explore is to bill Medicaid and/or the State Children's Health Insurance Program (SCHIP) for school-based sealant services. However, other funding sources are also needed, especially for children that are uninsured, underinsured, or ineligible for Medicaid and SCHIP.

Local, Regional and State Programs Partnering with the OHP

This report focuses on the OHP because it serves as an annual evaluation of the OHP, but it must be emphasized that there are many organizations around the state working to provide oral health education, prevention and treatment services. These organizations are vital partners that the OHP seeks to support.

Twenty-nine local, regional and statewide programs provided information about their 2003-04 activities. Collectively, these programs are reaching underserved populations in almost every area of the state with some level of services related to oral health. The table below contains a summary description of each of these programs. More complete information can be found in Appendix 3 to this report.

Program / Lead Agency	Description	Service Levels, 7/1/03 – 6/30/04
STATEWIDE PROGRAMS		
Crackdown on Cancer UNLV School of Dental Medicine	Tobacco education and oral health screening (including oral cancer) for high school students, individual counseling for at-risk students, referrals for treatment	12,274 screenings performed, 458 presentations given, 20,750 people educated and 1,885 students counseled across 68 public high schools and other groups
Medicaid Nevada Division of Health Care Financing & Policy	Provides payment for all children's dental services, limited adult emergency dental services, and partials and full dentures for adults, who are Medicaid eligible	Served 27,430 people and processed billed services for 4,124 oral exams, 14,389 dental sealants and 2,325 fluoride treatments for children
Nevada Check Up Nevada Division of Health Care Financing & Policy	Low cost, comprehensive health insurance (including dental services) for low-income children age birth through 18 who do not qualify for Medicaid and do not have private insurance	Served 36,656 people with oral health services that included 7,890 dental x-rays, 3,709 dental sealants, 1,057 tooth extractions and 1,213 caps and crowns for teeth
Donated Dental Services Miles for Smiles/CCSN	Recruits a full range of volunteer dentists, including many specialists, and labs who provide free exams and many types of dental treatment for low-income individuals	Served 59 people; $152,229 worth of treatment services were donated by dentists and $12,412 worth of services was donated by labs
Great Basin Primary Care Association	Coordinates funding and support to expand access to primary health care, including oral health care services, throughout the state	Developed new dental clinics in Yerington and Silver Springs; provided resources for oral health clinics and programs in Washoe County, Fallon, and Elko
Seal Nevada Program Saint Mary's Health Network, Nevada Dental Hygienists' Association, UNLV School of Dental Medicine, Community College of Southern Nevada	School-based dental prevention program targeting second graders in schools determined to be "at risk" in regard to access to dental care; provides screening, sealants, referrals and oral health instruction	Provided classroom instruction to 931 second grade students, screened 470 children and placed 1,368 dental sealants in the first year of program operations

Program / Lead Agency	Description	Service Levels, 7/1/03 – 6/30/04
Dental Loan Program Western Interstate Commission on Higher Education (WICHE)	Helps dental school students pay for school in exchange for commitments to practice dentistry in Nevada or to practice in a dentally underserved region of the state for two years	Admitted 8 new students to the program during the year plus partnered with the UNLV School of Medicine to provide matching funds for National Health Service Corps program in the field of dentistry, adding two more students
CLARK COUNTY		
Channel 10 KLVX Ready to Learn Program "Reading for Smiles"	Promotes dental health education and literacy via Channel 10 KLVX on-air programs, workshops and resource materials	Conducted 330 workshops and 12 community events; reached 18,665 children, 14,296 parents and 753 teachers; created 40+ on-air educational messages related to oral health
Clark County Health District	Provides fluoride varnish to children with Medicaid, oral screening for all children seen and oral health education for parents and children	Served 4,000 people, including 896 Healthy Kids exams, 11,600 exams during visits to homes and 936 well baby visits
Clinic on Wheels Classroom on Wheels	Provides screening for caries and other oral diseases and public education on oral health issues, targeting children age 0 to 18	Conducted 8,080 dental screenings and made 601 dental referrals; facilitated comprehensive treatment for 60 children
Dental Hygiene Program Community College of Southern Nevada	Provides preventive services to all age groups including prophylaxis, scaling and root planning, fluoride treatment, sealants, radiographs, chemotherapeutics; provides oral hygiene education in schools	Served 4,892 people during the year; also received approval for a Bachelor of Sciences in Dental Hygiene program to begin August 30, 2004
Huntridge Teen Clinic	Serves youth age 12-19 who are uninsured or ineligible for services at county agencies; dental services include oral health screenings and education, preventive care (fluoride treatments, sealants), restorative services including root canals, extractions and referrals to an oral surgeon when appropriate	Service levels not available
One-Day Program Southern Nevada Dental Society, Great Basin Primary Care Association and the Community Coalition for Oral Health	Recruits dentists to provide free care to uninsured children who are referred into the program by local agencies	This is a new program established late in fiscal year 2003-04; service level information will be available in fiscal year 2004-05. As of May 25, 2004, 66 dentists have been recruited for this program in Clark County.
Positive Impact Dental & Medical Program St. Rose Dominican Hospitals	Works with school nurses to identify children in need of emergent dental and medical care and makes referrals for care; sponsors a dental clinic	Provided dental & medical screening for 1221 children, treatment and prescriptions to 3534 people, and education & dental kits to 4849 people

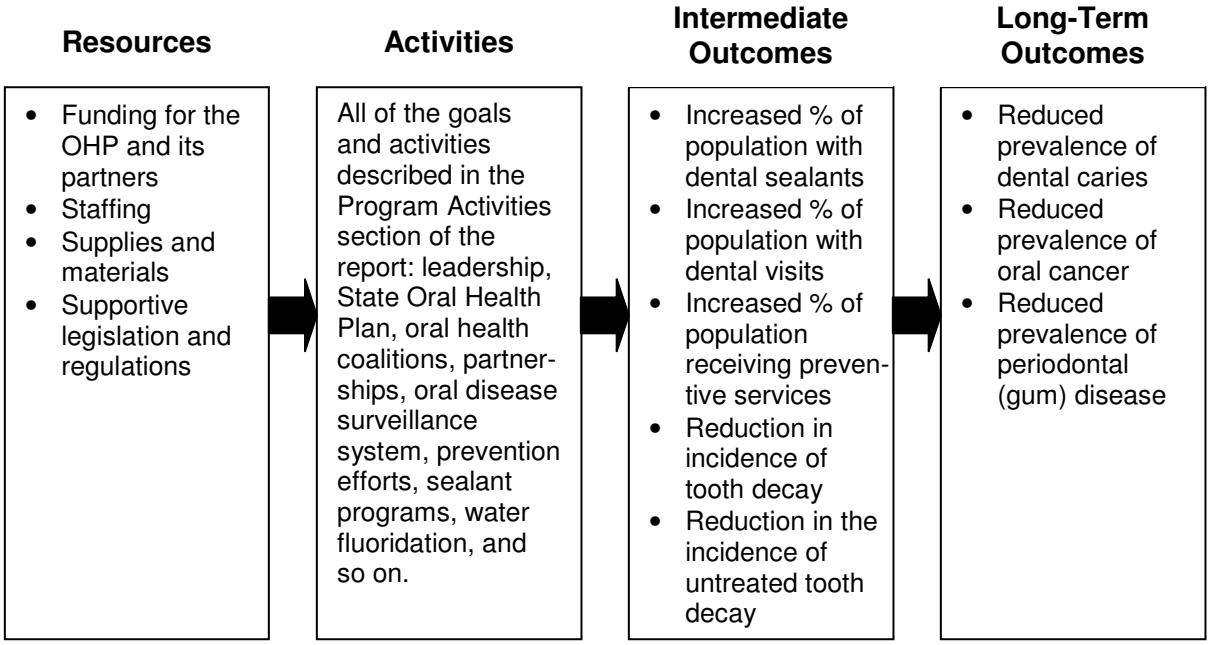
Program / Lead Agency	Description	Service Levels, 7/1/03 – 6/30/04
School of Dental Medicine University of Nevada, Las Vegas	Preferred provider of dental services for 88,000 Medicaid recipients, offering a full range of dental services including oral Health & prevention instruction, oral screening, treatment and restorative services and emergency care	Served 66,119 people and provided 119,508 oral health procedures including 55,685 diagnostic procedures, 26,111 preventive procedures and 22,664 restorative procedures
UNSOM General Practice Residency Program University of Nevada School of Medicine	Provides full service dental care (preventive, diagnostic and restorative care) for adults and children; also treats medically compromised patients such as cancer, organ transplant, and special needs patients	Served 1,220 people, spanning a total of 5,133 patient visits; also expanded and modernized the clinic to go from 6 to 11 dental chairs, significantly increasing the ability to provide dental care to patients
UNSOM Pediatric Dental Residency Program University of Nevada School of Medicine	Provides comprehensive dental services for infants, children and adolescents; also conducts oral health education for the community at large and health professionals	Conducted evaluations for 2,880 new patients; handled 15,600 outpatient visits and 720 hospital or surgery center visits related to oral care
WASHOE/DOUGLAS COUNTIES AND CARSON CITY		
HAWC Community Health Center Health Access Washoe County	Provides dental care to underserved people including preventative, restorative, and educational dental services at two dental clinics in Reno	Served 7,537 people, which included 4,169 children, and handled a total of 17,186 patient visits; dental program experienced 74% growth in patient volume during the year
Pyramid Lake Tribal Health Center Indian Health Service	The Early Childhood Caries Program targets 0-3 year-olds for fluoride varnish, parental education, and 3-month recalls; implemented water fluoridation in Wadsworth, Nixon, and Ft. McDermitt	1,568 patient visits with services that included 861 oral examinations, 245 fluoride treatments and placement of 660 dental sealants
Reno Sparks Indian Colony Indian Health Service	Provides full service dental care (preventive, diagnostic and restorative care) for Native American adults and children	Handled 4,438 patient visits and placed 1,005 sealants; obtained funding for a new 10-operatory dental clinic
Northern Nevada Dental Health Program Saint Mary's Mission Outreach, Northern Nevada Dental Society	Provides dental services to low-income and uninsured children through the use of volunteer dentists	Served 462 children; added 9 more dentists to the program, bringing the total number of volunteer dentists to 109
Saint Mary's Take Care-A-Van Restorative Program Saint Mary's Dental Program	Mobile clinic providing full service dental care (preventive, diagnostic and restorative care) for targeted underserved populations of all ages in Washoe and Lyon Counties	Served 2,667 people which included 2,242 preventive procedures and 1,077 restorative procedures

Program / Lead Agency	Description	Service Levels, 7/1/03 – 6/30/04
Saint Mary's Take Care-A-Van Sealant Program Saint Mary's Health Network	School-based dental prevention program targeting second graders in schools "at risk" in regard to access to dental care; provides screening, sealants, referrals and oral health instruction in Washoe, Lyon and Churchill Counties and Carson City via a mobile medical van	Provided classroom instruction to 3,630 second grade students, screened 2,217 children and placed 5,997 dental sealants for 1,814 children
TMCC Dental Hygiene Program Truckee Meadows Community College	Provides instruction for dental hygiene students and conducts numerous community education presentations on oral health topics	Conducted 10 community education events; other service levels not available
Washoe Tribal Health Clinic Indian Health Service	Provide general dentistry to beneficiaries (Native Americans) and non-beneficiaries (non Native-Americans) on a fee-for-service basis	Served 1,148 people as first visits to the clinic plus 1,594 re-visits
Yerington Paiute Tribal Clinic Yerington Paiute Tribe	Provides full service dental care (preventive, diagnostic and restorative care) for Native American adults and children in Lyon, Mineral, Douglas, and Washoe Counties	Served 524 people spanning a total of 2,310 visits; added a full-time dentist in June 2004 and expanded services for all age groups
BALANCE OF STATE		
Fallon Tribal Health Clinic Indian Health Service	Provides full service dental care (preventive, diagnostic and restorative care) for Native American adults and children in the Fallon and Winnemucca areas	Served 1,150 people, providing 3,357 diagnostic/preventive procedures and 6,741 restorative procedures
Family Resource Center of Northeastern Nevada	Provides oral health education, screening and referrals for dental care in Elko County	Conducted 72 oral health clinic sessions and served 811 people
Miles for Smiles	Provides oral health education, screening and treatment services through a mobile dental program covering Southern Nevada and Northeastern Nevada	Provided 3,220 preventive procedures and 2,254 restorative procedures; reached 7,976 people through educational encounters including classroom sessions, public education, and health fairs

ORAL HEALTH OUTCOMES

All of the activities of the OHP, and the many partners working in the field of oral health in Nevada, are focused on the end result of creating optimal oral health for Nevada's residents. The relationship between OHP efforts and improvements in oral health is defined as a logical progression. Resources invested in the state's oral health infrastructure are used to conduct specific activities that are expected to have the best effect on health conditions. These activities are expected to create intermediate outcomes or results such as increased use of measures that prevent dental disease and more effective treatment of disease that does occur. Better intermediate outcomes then lead to better long-term outcomes, which are the bottom-line improvements in the health status of the state's population.

These relationships are depicted in what is commonly referred to as a "logic model." Following is a summary of the logic model for the OHP.



This portion of the report summarizes the best available data regarding current status and recent trends for the intermediate and long-term outcomes that the OHP is striving to achieve.

Intermediate Outcomes

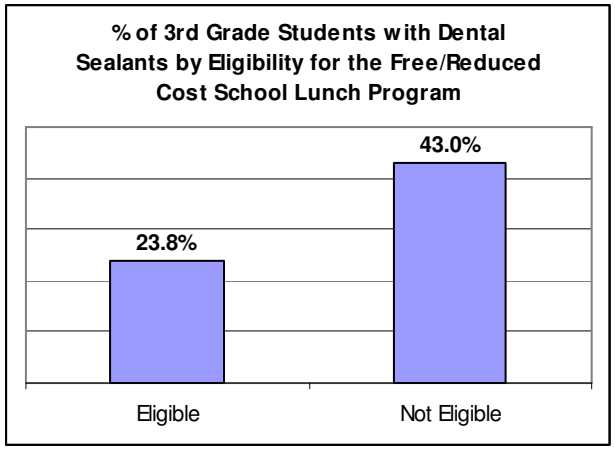
Intermediate outcomes are changes in people's behavior, access to services or other such factors that lead to better health. Information is presented below for each of the intermediate outcomes targeted by OHP efforts.

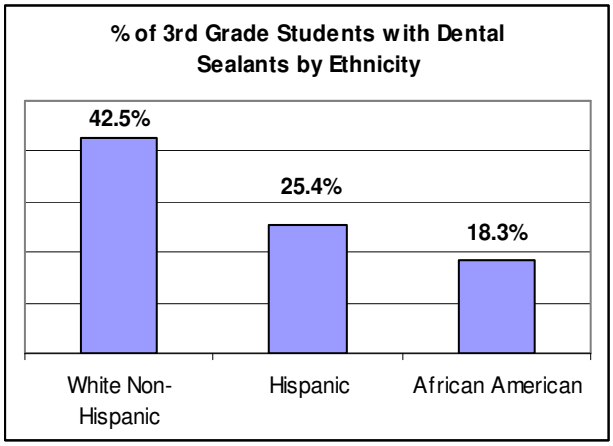
PERCENT OF POPULATION WITH DENTAL SEALANTS

Dental sealants (also known as "tooth sealants") can play an important role in helping to prevent some forms of tooth decay. The placement of dental sealants involves bonding a plastic coating into the grooves of teeth, i.e. the pits and fissures of teeth. The net result is a smoother tooth surface, one which is less likely to trap food and plaque, as well as one which is easier to effectively clean with a toothbrush. Dental sealants are particularly effective in promoting long-term reductions in tooth decay when they are placed on permanent molars shortly after eruption of the tooth.

The Healthy People 2010 goal is for 50 percent of third grade children to have dental sealant on at least one permanent molar. The most recent data, from a statewide open-mouth screening of third grade students conducted in February 2003, showed 33.2 percent of third grade children had sealants placed on at least one permanent molar. This is virtually unchanged from the 2000 level of 34 percent of third grade children with dental sealants placed (*note: the 2000 data is from a survey of third graders conducted by the Nevada Oral Health Initiative rather than an open-mouth screening and may not be comparable to the 2003 figure*).

The 2003 data also shows that the presence of dental sealants for third grade children varies significantly depending on economic status and ethnicity. As the following graphs show, the presence of sealants for children eligible for the free/reduced cost school lunch program was almost 20 percent lower than the rate for students that are not eligible for this program, and the presence of sealants was substantially lower for Hispanic and African-American children than for White Non-Hispanic children.





A substantially lower proportion of Clark County children (24%) had dental sealants compared to Washoe County and Rest of State children (58% and 47% respectively).

PERCENT OF POPULATION WITH DENTAL VISITS

Visits to a dentist are a critical element of oral health because such visits offer the best opportunity for early detection and treatment of all types of oral problems, ranging from dental caries to periodontal disease to lesions that can indicate oral cancer. Data on dental visits are available for three different age groups: preschool-age children, third grade students and adults.

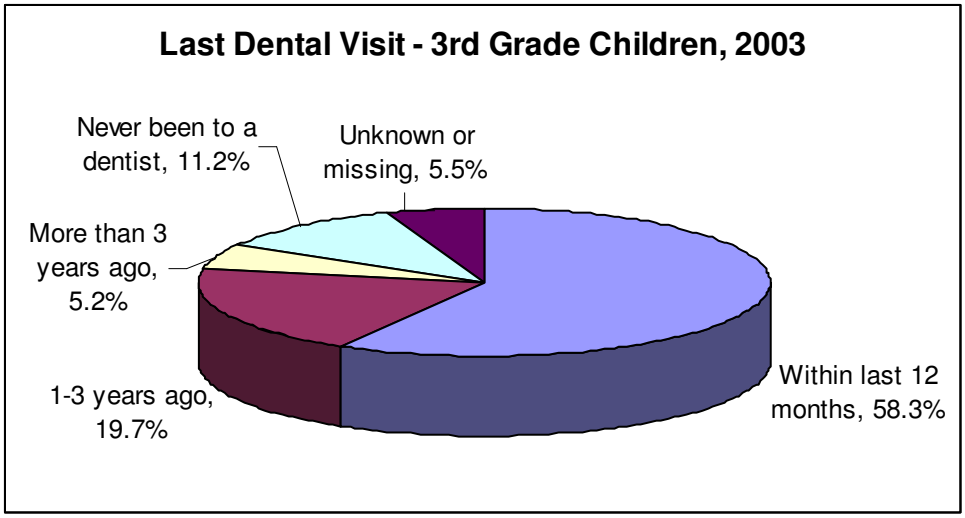
Preschool-age Children

The Healthy Smile-Happy Child oral health study in 2004 was conducted at all Head Start sites in Nevada. Over 1,700 children were screened. By limiting the screening to Head Start sites, the results are only representative of children ages three to five from families with an income at or below the federal poverty guidelines, not of all preschool children in Nevada. This study produced the following findings about access to dental care:

- 22% of parents said there was a time in the previous 12 months when their child needed dental care but could not get it at that time. The primary reasons were "could not afford it" and "no insurance."
- 14.8% of the children had never been to the dentist.
- The average number of decayed teeth per child with lack of access to care was 2.13, which is over 2.5 times the average number of decayed teeth for children who obtained service (0.82).
- 35.3% of parents reported that they do not have dental insurance.

Third Grade Children

The February 2003 oral health study of third grade children, capturing responses from 2,705 children across 51 schools from around the state, showed that 58.3 percent of these children had visited the dentist within the past 12 months. 11.2 percent had never been to a dentist. The graph below shows the breakdown of responses.



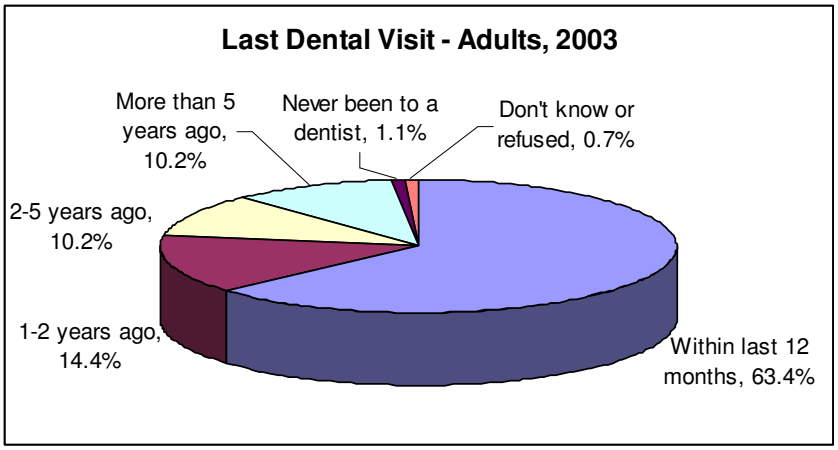
Children whose parents reported a dental visit in the last year were significantly more likely to have dental sealants (46%, compared to 19% of those with a dental visit more than one year ago and only 5% of children who had never been to the dentist). Children whose parents reported a dental visit in the last year were also significantly less likely to have untreated tooth decay (32%, compared to 49% of children who had not been to the dentist in the past year).

Parents for 19.5 percent of the children reported having trouble accessing dental care. 27.4 percent said that they do not have dental insurance.

Adults

Each year, the Behavioral Risk Factor Surveillance System (BRFSS) survey is administered to a statistically significant portion of Nevada's adult population. During calendar year 2003, the Oral Health component of the BRFSS survey was administered to 2,933 people across the state. One of the questions asked in this survey was how long it had been since their last visit to a dentist. As the following chart shows, 63.4 percent of adults reported visiting a dentist within the past 12 months, while 11.3 percent had either not visited a dentist for over five years or had never been to a dentist.

Note: The BRFSS data had not been statistically tested as of the time this report was developed. As a result, it should be recognized that a conclusion has not been reached that the results produced from the 2003 BRFSS are statistically significant.



Other insights about visits to dentists by adults obtained from the 2003 BRFSS survey are:

- Persons age 65 and over were least likely to visit a dentist. 58.6 percent of persons in this age group reported seeing a dentist in the past 12 months, while 16.3 percent said it had been five years or more since their last visit.

- The percentage of people who had seen a dentist in the past 12 months was somewhat lower for respondents outside of Clark and Washoe Counties (58.8%) than for residents of Clark County (62.5%) or Washoe County (71.4%).

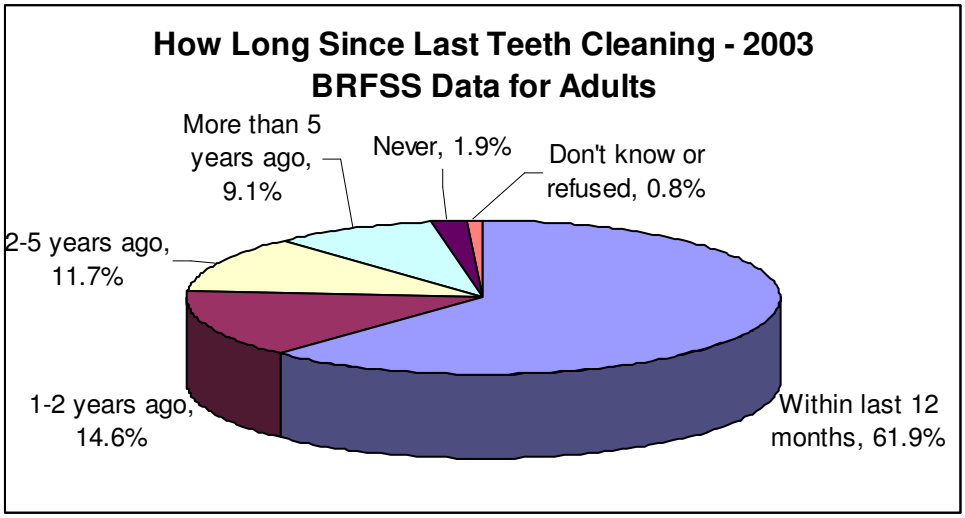
- Not surprisingly, there was a direct correlation between income level and visits to the dentist. Less than 49 percent of persons with an income level under $25,000 reported seeing a dentist in the past 12 months, compared to over 77 percent of people with an income level of $50,000 or more.

PERCENT OF POPULATION RECEIVING PREVENTIVE SERVICES

Preventive dental services can include regular examinations, teeth cleaning, oral x-rays, fluoride treatments, and dental sealants. Greater access to preventive services, together with proper personal care such as brushing and flossing, can produce significant reductions in the rate and severity of caries, periodontal disease and other oral health problems.

The available data on the percent of the population receiving preventive services are somewhat sketchy. The 2004 Healthy Smile-Happy Child study of Head Start preschool-age children reported that 55.7 percent of children last visited a dentist either because they went in own their own for a check-up or were called in by the dentist for a check-up, exam or cleaning. The 2003 study of third grade children showed 60.7 percent of children last visited a dentist for a check-up, exam or cleaning. In both cases, these results are not correlated with the timing of the last dentist visit so it is unclear whether preventive services are being accessed on a timely and consistent enough manner to produce better health outcomes. It is also unclear whether other effective preventive measures such as application of fluoride varnishes are being utilized.

For adults, the BRFSS survey conducted in 2003 asked how long it has been since their last teeth cleaning. The following chart shows the responses across all respondents. As with visits to the dentist in general, access to teeth cleaning is primarily correlated with income level; under 47 percent of people with an income level under $25,000 had their teeth cleaned within the past 12 months compared to over 76 percent of people with an income level of $50,000 or more.



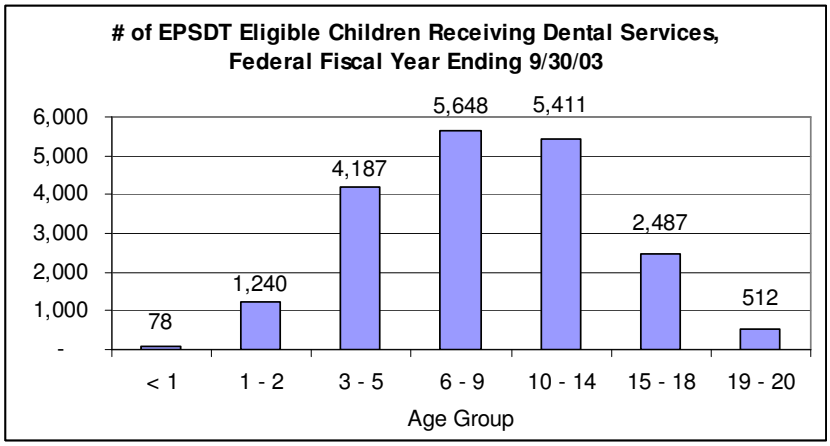
The BRFSS data on teeth cleaning is the only recent data available on adult utilization of preventive oral health services.

PERCENT OF POPULATION RECEIVING EPSDT SERVICES

The Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) is a component of the federal Medicaid program designed to improve primary health benefits for children with emphasis on preventive care. States must cover regular and periodic exams for all eligible children under the age of 21, and must also provide any medically necessary services prescribed by the exams, even those not covered in a state's Medicaid plan. Dental screening and treatment are available under EPSDT. National data, however, indicate that many children do not receive the EPSDT services for which they are eligible. Reasons include inadequate systems for reporting the provision of EPSDT services to ensure that services are fully and appropriately provided, and a lack of awareness among parents of eligible children about the availability of these services. Increased usage of EPSDT services is therefore a means for more children in low-income families covered by the Medicaid program to receive early identification and treatment of dental problems.

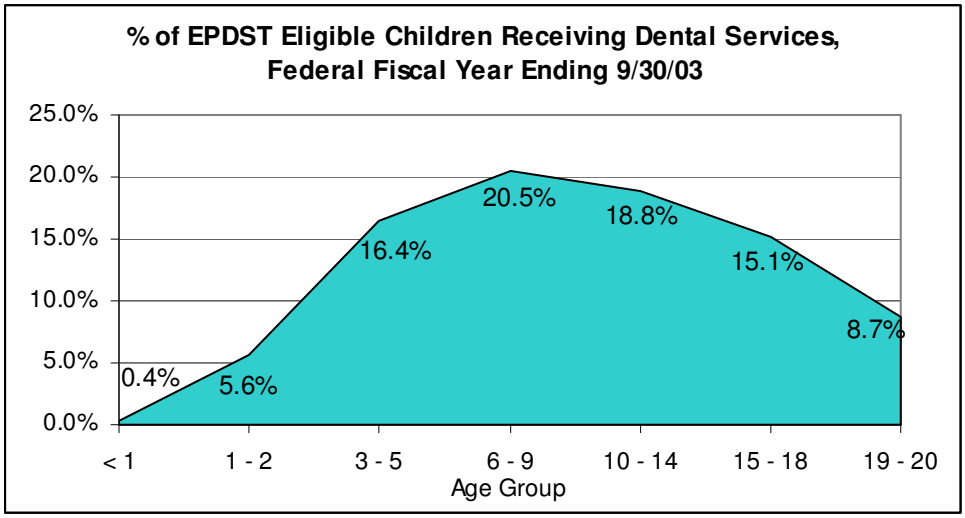
For the federal fiscal year ending September 30, 2003, the most recent year for which complete data are available, there were 146,198 children age 0 to 20 eligible for EPSDT services. Of these, 47,824 (32.7%) received at least one initial or periodic health screen during the year and 19,563 (13.4%) received some type of dental services. Of the children receiving dental services, 16,205 received preventive dental services and 10,055 received dental treatment services.

The chart to the right shows a breakdown by age group of EPSDT-eligible children that received dental services, and the chart on the next page shows the percentage of eligible children that received dental services. As these charts illustrate, usage of EPSDT services is very low in the 0-2



age group and highest in the 6-9 age group.

The data suggests that there is room for significant improvement in utilization of EPSDT services in general – as noted earlier, 13.4 percent of all eligible children received some form of dental services during federal fiscal year ending 9/30/03 – and especially in reaching more children in the early childhood years when patterns of oral health (or disease) are first formed.



REDUCTION IN THE INCIDENCE OF TOOTH DECAY

Since tooth decay can be a precursor to greater dental problems in the future, an important outcome is to reduce the percentage of Nevadans that have had a history of dental caries (cavities and/or fillings) and to reduce the severity of decay that does occur, for example, the number of teeth affected and the magnitude of decay.

Recent data on the incidence of caries are available for three different age groups: preschool children, third grade children and adolescents.

Preschool-age Children

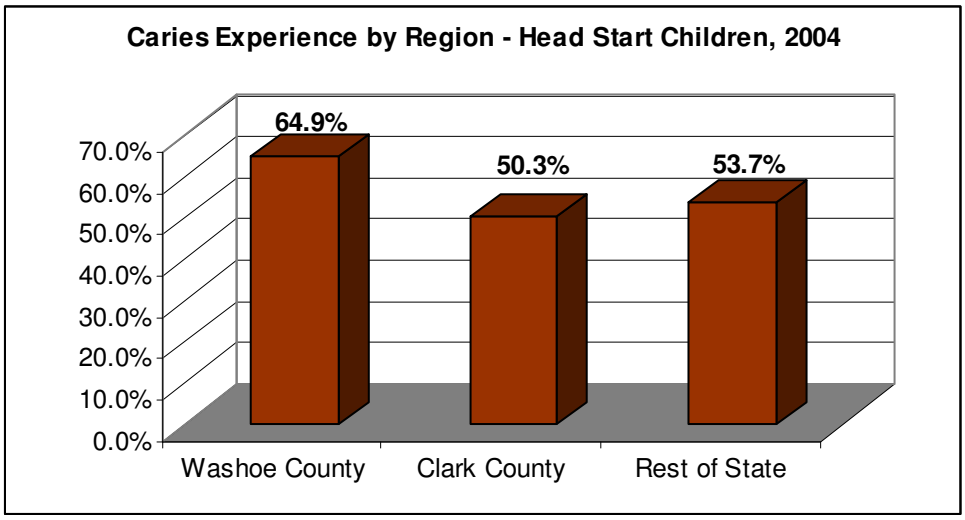
The 2004 Healthy Smile-Happy Child study of Head Start children age three to five found that 54.0 percent had cavities and/or fillings (caries experience). The average number of decayed, missing (due to caries) and filled teeth per child was 2.44.

If a child had a restoration or active decay in any of the top front six teeth as per the protocol of the Association of State and Territorial Dental Directors (ASTDD), he/she was categorized as having Early Childhood Caries (ECC). 25.3 percent of Head Start children screened had ECC. This is significant because manifestations of ECC may go beyond pain and infection. Studies show that ECC has the potential to affect speech and communication, nutrition, productivity, and quality of life, even into adulthood.

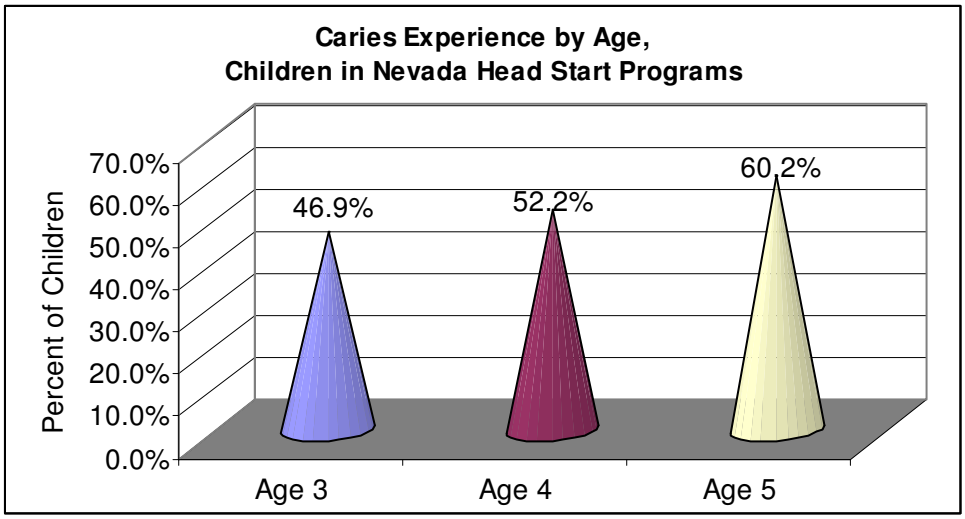
Significant differences in caries experience were noted between ethnicity categories. Hispanic children had the highest rates of both caries experience (56.8%) and ECC (28.6%). Minority Non-Hispanic children had the next highest rates, 54.0 percent with caries experience and 24.0 percent with ECC. By contrast, 44.4 percent of White Non-Hispanic children had caries experience and 16.3 percent had ECC.

There was also significant difference between caries experience and ECC between regions. Washoe had a greater proportion of children with caries experience at nearly 65 percent compared to just over 50 percent for Clark County. Similarly, Washoe County had a greater proportion of children with ECC at nearly 29 percent compared to 25 percent for Clark County and 21 percent for the rest of the state. As the

study notes, "it is possible that the effects of fluoridation, implemented in 2000 [in Clark County], are now surfacing."



Since oral diseases are cumulative, it was logical that the data showed an increase in caries experience with age. Among three year-olds, 46.9 percent had caries experience. Of children who were five years of age, the percentage of those with caries experience was as high as 60.2 percent.



Third Grade Children

The February 2003 oral health study of third grade children included open-mouth screening of 2,470 children statewide. Of the children screened, 67.1 percent had caries experience.

A significantly higher proportion of children eligible for the Free/Reduced Cost Lunch Program, compared to those not eligible, had a history of caries (74% vs. 61%). Participation in the meal program is used as an estimate of socioeconomic status.

The 2003 data for third grade students did not show a dramatic difference in caries experience by ethnicity category. 64.0 percent of White Non-Hispanic students had caries experience, compared to 69.5

percent of African American children and 70.0 percent of Hispanic children. Further, there was not a significant difference in caries experience by geographic region. These findings are both in contrast to the 2004 study of Head Start preschool-age children that did find substantive variations by both ethnicity and geographic area.

Adolescents

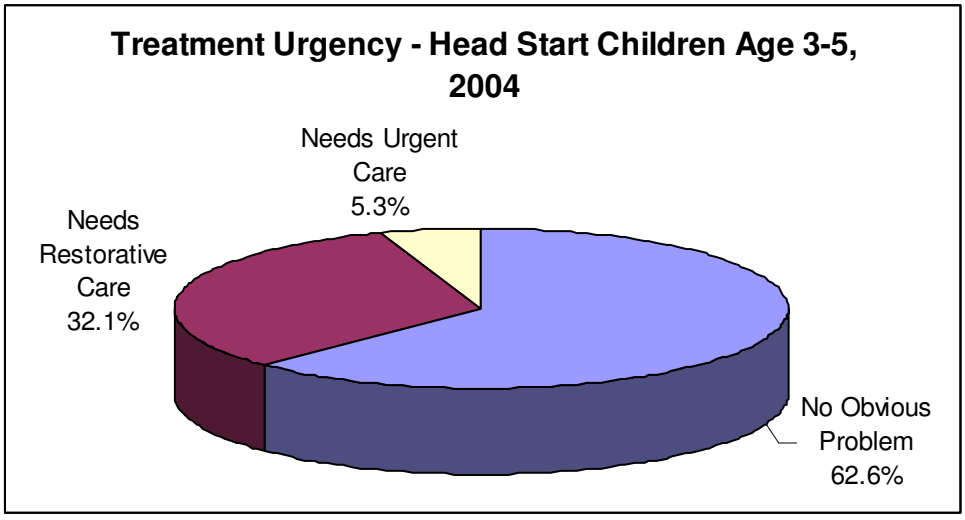
The Crackdown on Cancer program performed open mouth screenings on 11,787 high school students statewide during the 2003-04 school year. During these screenings, a check was done for decayed, missing and filled teeth (DMFT). 70 percent of these adolescents had caries experience. The study found that 50.9 percent of students had filled teeth; 10 percent had fillings in six or more teeth. 15.2 percent of students had missing teeth. Overall, the average number of DMFT for the students screened was 3.2. (*Note: The Crackdown on Cancer data must be interpreted with caution and may not be reliable. An explanation of data problems is contained in the Data Development Issues section of this report.)*

REDUCTION IN THE INCIDENCE OF UNTREATED TOOTH DECAY

The presence of untreated tooth decay represents a particularly acute problem, as it can be a cause of current pain, swelling and other health problems in addition to being a factor in long-term oral health issues. As with the previous outcome, recent data on untreated tooth decay are available for preschool children, third grade children and adolescents.

Preschool-age Children

The 2004 Healthy Smile-Happy Child study of Head Start children age three to five found 37.5 percent of the children screened had untreated dental decay (cavities). Of these, 5.3 percent were in need of urgent care due to problems such as current pain and swollen or bleeding gums. The remaining children with untreated dental decay were in need of some form of restorative care (filling of cavities or other such measures to treat the decay).



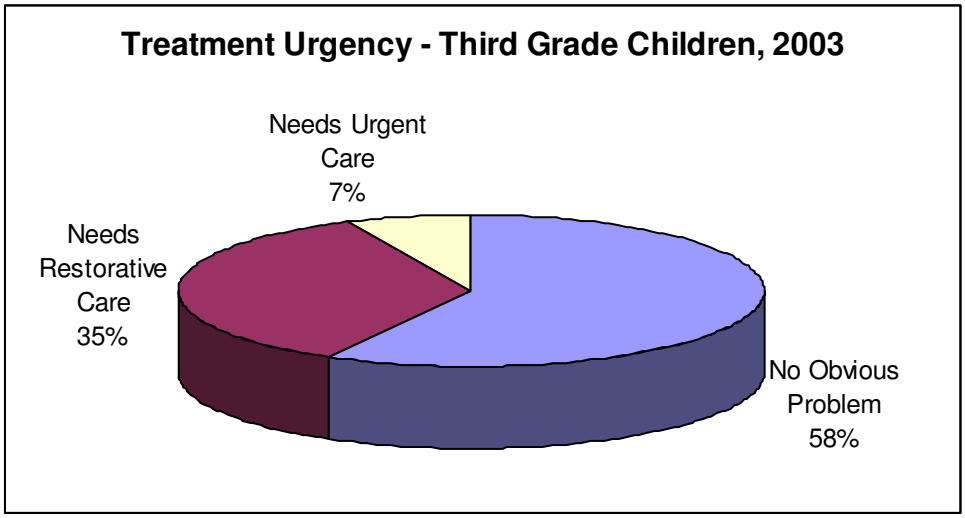
The patterns were very consistent across geographic regions. The rate of untreated decay was 37.2 percent in Clark County, 37.1 percent in Washoe County and 38.4 percent across the balance of the state. With respect to the need for urgent care, rates were highest in Clark County with 5.6 percent of the children screened needing urgent care compared to 4.2 percent in Washoe County and 5.3 percent across the rest of the state.

As already noted earlier, the presence of untreated decay is directly linked to access to dental care. Untreated decay was found in 55.2 percent of the children who did not have access to dental care in the past year, compared to 32.6 percent of the children who did obtain dental care in the past year. Further, children without access to dental care in the past year were over four times more likely to need urgent care. 12.9 percent of the children without access to dental care required urgent care, compared to 3.1 percent of the children who did have access.

Third Grade Children

The February 2003 oral health study of third grade children found that 39.0 percent of children screened had visible untreated dental decay. This is consistent with the rates found in the 2004 study of preschool-age children, suggesting that detection and treatment of decay is not improving during the early years of elementary school.

Of the children screened, 7.0 percent needed urgent care, and an additional 35.0 percent needed some form of restorative care. The percentage of children requiring care is higher than the percentage of children with untreated decay because some children may have cracked teeth or prior fillings requiring repair in addition to those with visible decay.

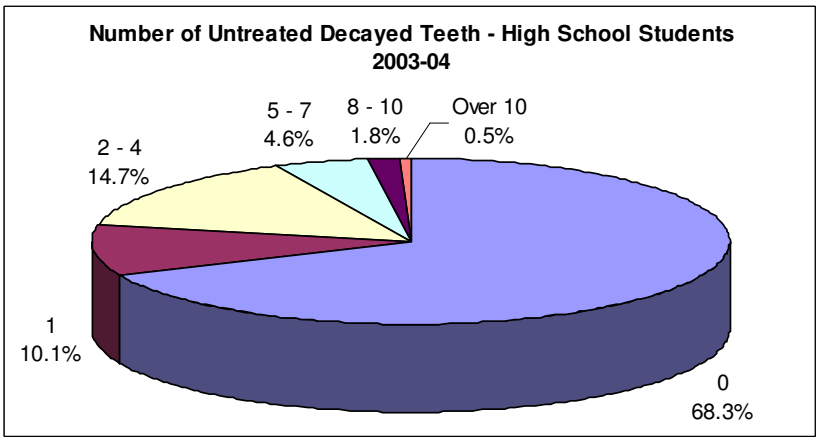


Children whose parents reported they did not have a dental visit in the last year were significantly more likely to have untreated decay; 49 percent of these children had untreated decay compared to 32 percent of the children that had visited a dentist in the past year.

Adolescents

The Crackdown on Cancer screenings of high school students ages 14 to 18 found untreated decayed teeth in 31.7 percent of the students. The chart to the right shows the distribution of the number of teeth affected.

A lower proportion of Caucasian adolescents (25.7%) had untreated decay than minorities (37.5%),



however it could not be determined if Hispanic ethnicity had any additional effects on the prevalence of decay. More students who did not use tobacco had no decay (70.2%) than tobacco users (60.6%).

EVIDENCE-BASED PROGRAMS THAT ADDRESS THE NEEDS OF PRIORITY POPULATIONS

The final intermediate outcome sought by the OHP is the presence of evidence-based oral health programs, meaning programs that utilize methods that are proven to positively effect the oral health of the people served, that are addressing the needs of Nevada's populations that have been designated as a high priority due to the presence of oral health challenges. Progress or achievement could not be fully evaluated for this outcome during the 2003-04 fiscal year. Some information about oral health programs around the state has been collected, as reflected in Appendix 3 to this report. However, it is not a complete picture of programs and activities, nor is there an effective way to fully correlate the work of these programs to the needs of priority populations to assess the extent to which those needs are being met. Recommendations for enhancing the evaluation approach in future years to address this issue are contained in the Data Development Issues section of the report.

Long-Term Outcomes

The Burden of Oral Disease in Nevada – 2003 released by the Nevada State Health Division notes the following about the importance of good oral health:

> In 1948, the World Health Organization defined health as "a complete state of physical, mental, and social well-being, and not just the absence of infirmity." As new research continues to discover associations between chronic oral disease with heart and lung diseases, low birth-weight, and diabetes, it is becoming clear that a person cannot attain a complete state of good health without good oral health. … Oral diseases are cumulative and become more complex over time. They progressively affect a person's ability to eat, communicate, and function in society.

The diligent efforts of many people and organizations around the state are focused on achieving several important oral health outcomes: reduced prevalence of caries, reduced prevalence of oral cancer, and reduced prevalence of periodontal (gum) disease. Improvements in these outcomes are certain to produce significant improvements in the overall health and well-being of Nevada's residents. Current conditions in Nevada related to each of these outcomes are presented in this section.

PREVALENCE OF DENTAL CARIES

The best available data on the prevalence of dental caries was presented in the previous section under the intermediate outcomes of Reduction in the Incidence of Tooth Decay and Reduction in the Incidence of Untreated Decay. The latest age for which reliable figures are available are third grade children, generally ages eight and nine, which showed 67.1 percent of these children with caries experience.

PREVALENCE OF ORAL CANCER

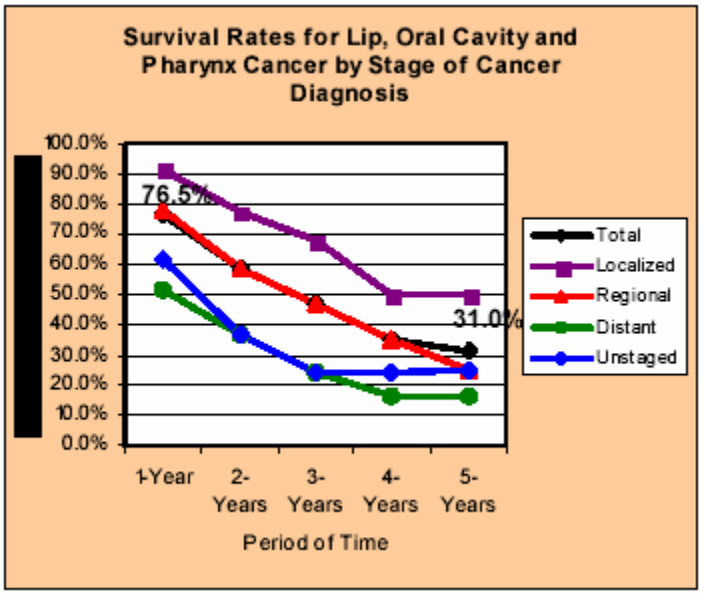
Oral cancers consist of cancers of the lip, oral cavity and pharynx. The data presented here was obtained from *The Burden of Oral Disease in Nevada – 2003* developed by the Nevada State Health Division.

In 2000, Nevada recorded 210 cases of oral cancer, representing 2.3 percent of all cancers in Nevada. The rate for these cancers was twice as high for men as for women (13.84 cases per 100,000 compared to 6.85, respectively). With a high of 11.09 and a low of 9.12, the incidence rate of oral cancer in Nevada has remained fairly constant in recent years. Nevada's total incidence rate (10.4) was lower than the national

rate (11.0). Whites experienced the highest incidence rate of any other racial/ethnic group at 11.5 cases per 100,000 population.

Between 1996 and 2000, Nevada had 213 deaths from oral cancer, equaling a mortality rate of 2.5 per 100,000 population. The mortality rate for men (3.2) from lip, oral cavity and pharynx cancer was higher than that for women (1.8). African Americans experienced the highest mortality rate of any other racial/ethnic group.

The median age at diagnosis of Lip, Oral Cavity and Pharynx Cancer for Nevada residents between 1996 and 2000 was 62 years. Nevadans were diagnosed at one of five possible stages: in situ, localized, regional, distant, and unstaged (unknown). A decline in survival rates is suggested as the extent of disease increases in severity. The five-year survival rate for Nevadans with oral cancer at the localized stage was 49.9 percent. Survival rates for those at the regional and distant stages were 25.0 percent and 16.1 percent, respectively. Between 1996 and 2000, the five-year survival rate for women (28.5%) was slightly less than that for men (33.6%).



Another indicator of the future potential for oral cancer in Nevada comes from oral screening of adolescents. The Crackdown on Cancer program performs open mouth screenings on high school students statewide to detect any abnormal, soft tissue lesions that may become cancerous. A total of 131 lesions were recorded among the 11,787 students screened. For each lesion, a rating of suspicion (indication that lesion may become cancerous) between 1 and 10, with 10 being the most suspicious, was assigned. A high 33.7 percent of the lesions had ratings between 6 and 10. Virtually all of the students with lesions (95.5%) were users of tobacco or marijuana.

Note: The Crackdown on Cancer data must be interpreted with caution and may not be reliable. An explanation of data problems is contained in the Data Development Issues section of this report.

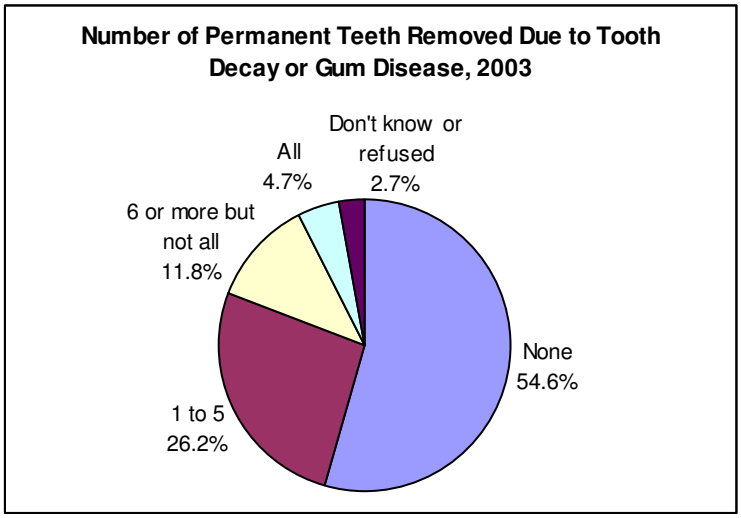
PREVALENCE OF PERIODONTAL DISEASE

Periodontal (gum) diseases, including gingivitis and periodontitis, are serious infections that, left untreated, can lead to tooth loss. The word periodontal literally means "around the tooth." Periodontal disease is a chronic bacterial infection that affects the gums and bone supporting the teeth. In addition to the risk of bone loss and tooth loss, periodontal disease can lead to other significant health consequences. For example, the American Academy of Periodontology reports that "recent studies suggest that pregnant women with gum disease are seven times more likely to deliver preterm, low birth weight babies," which in turn substantially increases risks of infant death and children with disabilities. A separate report issued by the Women's and Children's Health Policy Center at Johns Hopkins University in 2002 notes that:

> Emerging research is beginning to establish distinct associations between periodontal diseases and adverse chronic health conditions such as cardiovascular disease, diabetes, and osteoporosis. Although additional studies are needed to determine the mechanisms by which such associations

exist, available research clearly demonstrates that oral diseases and conditions are not only markers for underlying health problems, but also important determinants influencing the development and management of adverse chronic health conditions.

Precise information on the presence of periodontal disease in Nevada is not available for any age group. The most applicable data is from the 2003 Behavioral Risk Factor Surveillance System (BRFSS) survey administered to adults in Nevada. One of the questions asked, "How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. Include teeth lost due to infection." Overall, 45.5 percent of adults reported having at least one tooth removed due to tooth decay or gum disease.



Not surprisingly due to the long-term effect of decay and gum disease, the rate of tooth loss is much higher among older persons. Over 71 percent of persons age 65 and over have lost at least one permanent tooth because of these causes.

The table below shows a breakdown of tooth loss due to gum disease and tooth decay by age group.

	Number of Permanent Teeth Removed					
Age Group	None	1 to 5	6 or more but not all	All	Don't know or refused	Total
18 to 24	85.3%	11.5%	2.1%	0.0%	1.2%	100.0%
25 to 34	72.3%	22.4%	3.1%	0.7%	1.4%	100.0%
35 to 44	63.3%	27.6%	6.3%	2.1%	0.7%	100.0%
45 to 54	46.2%	31.8%	13.5%	5.6%	2.8%	100.0%
55 to 64	30.6%	35.5%	25.4%	5.1%	3.5%	100.0%
65 and over	28.7%	25.1%	23.4%	15.4%	7.4%	100.0%
State average	54.5%	26.2%	11.8%	4.7%	2.7%	100.0%

It must be emphasized that this is a very crude surrogate for measuring the prevalence of periodontal disease since the responses combine tooth loss due to both tooth decay and gum disease, and no measurement is provided for the rate of gum disease that did not lead to tooth loss. However, it remains the best available data at this time.

DATA DEVELOPMENT ISSUES

This section summarizes significant areas where available data are insufficient to address key evaluation questions and presents recommendations for addressing any such data gaps.

1. **Program capacity aligned with priority population needs**. Currently available data does not provide an effective way to assess one of the intermediate outcomes, the presence of evidence-based programs that address the needs of populations that have high priority oral health issues. This is perhaps the most fundamental evaluation question from a program planning and management perspective – are we reaching the right populations with the right programs? It is a question that we are unable to answer yet.

   However, some positive steps are being taken toward gathering of the necessary data. Continued improvements in the oral health surveillance system, most notably the beginning of systematic measurement of oral health issues for different target populations (preschool children, third grade children and seniors) on a rotating three-year cycle together with BRFSS and other available data, are providing a stronger basis to define "priority populations" to target with additional services. Efforts in 2003-04 to gather information about local and regional oral health programs around the state represent a starting point toward understanding what populations are being served by existing programs. The next step is to fill in the gaps in the available data and then put the pieces together – align the map of program activities with that of the priority populations – to assess the extent to which we are reaching the right populations with the right programs.

   Recommendations:

   - Expand the state oral health burden document to clearly identify the populations that are most at risk for oral disease or that have the greatest need for oral health services.

   - Build upon the work started in 2004 to gather information about existing oral health programs around the state to understand the types of services provided, populations served, and the level of service (number of people served or reached).

   - Compare the profile of existing programs and services to the identified risk factors and needs of the priority populations in order to more precisely identify where existing programs most need to be supplemented.

   - In order to build upon the excellent assets that are already in place, especially the coalitions and the partnerships that the OHP has established with many groups around the state, the analysis of gaps in existing services can be discussed with the coalitions and partners to get in-depth local perspectives of the issues. A future State Oral Health Summit or other such forum could then be used to determine how to amend the State Oral Health Plan to identify the priority populations and show how the oral health goals will address the needs of those priority populations.

2. **Current data on the oral health needs of adults**. Most of the current and reliable data on oral health issues are for children. Current data for adults is primarily limited to the BRFSS Oral Health module, which consists of three standard questions plus two state-added questions. The most recent in-depth analysis of the oral health of seniors was performed in 1999, and no such analysis appears to have been performed in the past decade for adults between the ages of 18 and 55.

Recommendations:

- The OHP is already planning to conduct a Basic Screening Survey (BSS) study for seniors in the 2004-05 fiscal year, and repeat this study every three years thereafter. Data on oral health needs of seniors is very important for Nevada given the growing senior population and national data showing significant unmet dental needs for this age group. The recommendation here is to endorse the current plans of the OHP and solidify support to sustain this type of analysis on a recurring basis in the future.

- Sponsor an expanded oral health study of adults between the ages of 18 and 55 within the next two to three years that goes well beyond the questions currently included in the BRFSS Oral Health module. There is a growing body of research demonstrating clear links between oral health and overall physical health. Examples already noted in this report include the links between chronic oral disease and respiratory system (lung) diseases, heart disease and diabetes, and the substantially increased risk of preterm or low-weight births to mothers with periodontal disease. It is therefore worth exploring whether achievement of broader public health goals can be aided by making additional targeted investments in improving the oral health of adults. Periodic study of adults can also help in understanding, over an extended period of time, the extent to which improvements made during the childhood and youth years are being carried into the adult years. Finally, such a study could address data gaps in measuring long-term outcomes, such as the presence of dental caries among adults and the presence of periodontal disease.

  A potential strategy to explore for obtaining data on adults in a cost-effective manner is to get dentist offices involved, with information collected at the time of dental office visits when released by the patients. This approach could cover health clinics and private offices, reaching all income levels and ethnicities, while also providing access to the diagnosis of the dentist. Substantial issues would need to be resolved for this type of study, not the least of which being obtaining support from dentists (and some patients) to participate without a monetary incentive.

3. **Data to assess the percent of population receiving preventive services**. One of the intermediate outcomes for the OHP is the percent of population receiving preventive services but measurement for this outcome is currently imprecise. First, it is not clear what constitutes "preventive services" for the purpose of data collection for this outcome. Second, data are only collected for a couple of aspects of preventive services – the BRFSS asks adults about the last time they had their teeth cleaned and the BSS asks about the reason for the last dental visit, which can include preventive care. These data do not show a full picture of the percent of population receiving preventive services (oral examinations, teeth cleaning, x-rays, fluoride treatments and so on) at a level and frequency sufficient to make a substantive difference in distal outcomes like dental caries and gum disease.

   Recommendation:

   - In the design of 2004-05 evaluation activities, discuss this issue with the OHP evaluation team and advisory group to (a) more clearly define what the desired outcome related to "preventive services" is; and (b) assess if and how data collection efforts should be modified in order to capture more precise data related to preventive services. In the latter point, it is important to avoid data collection simply for the sake of having data. More extensive data collection is only warranted if there is a clear understanding of how the new data can be used in decision-making – in other words, if the data are actionable.

4. **Data to assess the prevalence of periodontal disease**. One of the long-term outcomes being sought is to reduce the prevalence of periodontal disease. Existing information is insufficient to evaluate either the current status or multi-year trends for this outcome. The best available data is from the BRFSS, which asks about tooth loss due to tooth decay or gum disease. As noted earlier in the report, this is only a crude surrogate for measuring the prevalence of periodontal disease since the responses combine tooth loss due to both tooth decay and gum disease, and no measurement is provided for the rate of gum disease that did not lead to tooth loss.

   Recommendation:

   - Work with the CDC and scan the evaluation efforts of other states to identify potential ways to improve the quality of outcomes data related to periodontal disease, and discuss the options with the OHP evaluation team and advisory group to determine if and how data collection efforts should be modified in order to capture more precise data related to periodontal disease.

5. **Data for adolescents**. The sole source of data on the oral health of adolescents in Nevada comes from the Crackdown on Cancer program, which performs screenings of high school students all over the state. As noted by the Biostatistician for the OHP, the data from Crackdown on Cancer should be interpreted with much caution. The data may or may not be reliable due to many errors in transcription and the format of the data storage medium. The data also are not weighted and the sample of students screened was not designed to produce a statistically valid profile.

   Recommendations:

   - Provide further technical assistance to the Crackdown on Cancer program to aid with tools and procedures for selecting statistically meaningful samples, capturing data accurately, and performing more extensive statistical analysis of the data in order to improve the reliability of this data in the future.

   - Investigate the feasibility of adding oral health questions to the Youth Risk Behavior Survey. (YRBS).

6. **Trend analysis**. Virtually all of the data on intermediate and long-term outcomes presented in this report are one-year snapshots of current conditions. It was not possible to accurately analyze multi-year trends because of the sketchy nature of oral health data collection prior to the OHP being formed and changes in how studies are being performed now as compared to the past. As data collection occurs in a consistent manner over several years – in particular, the BSS and BFRSS data that provides much of the evaluation data used in this report – it will be important to analyze trends in order to assess whether conditions truly are improving, and the rate of change. Here, it must be emphasized that trend analysis can be complex because it should take demographic shifts into account and seek to provide insights about the underlying causes of the trends; it is not enough to do a simple comparison of statistics across years.

   Recommendation:

   - The OHP has already developed a strong foundation to enable trend analysis to occur in the future. The key will be to maintain the resources to have an effective oral health surveillance system that can continue data collection on a consistent schedule over a period of many years so that trends can be properly analyzed and used to guide decision-making.

APPENDIX 1: LIST OF RELATED MATERIALS

This appendix provides a list of documents and information sources that are related to the 2003-04 annual report. These materials provided much of the data utilized in the annual report.

Nevada State Oral Health Program – Publicly Distributed Documents

2004 State Oral Health Plan, Bureau of Family Health Services, Nevada State Health Division, May 2004.

Healthy Smile – Happy Child Third Grade Oral Health Survey, Bureau of Family Health Services, Nevada State Health Division, June 2003.

Healthy Smile – Happy Child Head Start Oral Health Survey, Bureau of Family Health Services, Nevada State Health Division, June 2004.

The Burden of Oral Disease in Nevada – 2003, Bureau of Family Health Services, Nevada State Health Division, December 2003.

Nevada State Oral Health Program – Program and Evaluation Support Documents

Burden Document 2003 Evaluation Results, analysis prepared by Thara Salamone, Nevada State Health Division, March 2004.

Environmental Assessment and Summary Form Results, survey administered to members of the State Oral Health Advisory Committee, analysis prepared by Thara Salamone, Nevada State Health Division, December 2003.

Oral Health Coalition Member Survey Results, analysis prepared by Thara Salamone, Nevada State Health Division, March 2004.

Performance Measurement Tracking form and supporting documentation submitted to the Centers for Disease Control and Prevention according to CDC grant guidelines, prepared by Chris Forsch, Nevada State Health Division, January 2004.

Materials from Sources Other than the Nevada State Oral Health Program

Crackdown on Cancer, tabulation of results of oral screening of Nevada high school students performed during the 2003-04 academic year, July 2004.

Nevada Behavioral Risk Factor Surveillance System (BRFSS), A Special Data Analysis Report for Oral Health - State Total 2003, Center for Health Data and Research, July 21, 2004.

APPENDIX 2: STATE ORAL HEALTH PROGRAM DETAILS

This appendix contains detailed information about the activities and accomplishments of the State Oral Health Program (OHP) and recommendations to consider for the future. This information provides more complete support for the summary information presented in the Program Activities and Results section of the main report.

Goal #1: Maintain Oral Health Program Leadership Capacity

Objectives for the Year

The objectives for fiscal year 2003-04 were for the OHP to maintain and expand oral health program leadership capacity, as follows:

- Contract for the services of a State Dental Health Officer to fulfill responsibilities that include assisting in determining the public dental health needs of Nevada residents, providing the Nevada State Health Division with advice regarding public dental health, making recommendations to the Health Division and the Legislature regarding public dental health programs in the state, and representing the Health Division in various settings as requested.
- Employ three full-time positions in the OHP – an Oral Health Program Consultant, Biostatistician, and Administrative Assistant. The Oral Health Program Consultant is to be converted from half-time to full-time.
- Employ a half-time Health Education and Information Officer to coordinate the dental sealant program.
- Contract for half-time positions of Fluoridation Consultant and Health Educator.
- Maintain access to a full-time epidemiologist and access to a full-time time water engineer with fluoridation training through the Bureau of Health Protection Services.

Activities Conducted

R. Michael Sanders, DMD, EdM was contracted for the position of State Dental Health Consultant, effective October 2003. Dr. Sanders is currently Director of Patient Care Services at the University of Nevada Las Vegas, School of Dental Medicine. He has served on the State Oral Health Advisory Committee and is the current chair of the Southern Nevada Community Coalition for Oral Health.

The other targeted staffing levels set in the objectives for the year were met. The Oral Health Program Consultant, Christine Forsch, was converted to a full-time Program Manager position within the Nevada State Health Division. The OHP also maintained full-time Biostatistician and Administrative Assistant positions and a half-time Health Education and Information Officer, maintained contracts throughout the year for the half-time Fluoridation Consultant and Health Educator positions, and maintained access to an epidemiologist and a water engineer with fluoridation training.

Evaluation Findings

The objectives contained in the one-year work plan were fully met. For purposes of ongoing development of the OHP, however, it is useful to assess the larger picture of the extent to which Nevada has sufficient leadership capacity to address the state's oral health needs.

The central evaluation question for this goal contained in the one-year work plan submitted to the CDC is, does the Nevada State Health Division continue to have the staff needed to successfully implement the programs outlined in the Cooperative Agreement and the goals identified in the State Oral Health Plan? Through the work of the evaluation design team, this question was revised to ask, does Nevada have adequate capacity to fulfill the roles of a statewide oral health infrastructure as defined by the Association of State and Territorial Dental Directors (ASTDD)?

The best available data to answer this question comes from a survey issued to all persons invited to the 2004 State Oral Health Summit. The survey was comprised of a ten-item questionnaire. Participants were asked to rate items on a scale from 1 to 5 to assess the degree to which Nevada has accomplished activities related to ASTDD's essential functions of an oral health infrastructure, with 1 meaning "not at all accomplished" and 5 meaning "very accomplished." Each item allowed for the choice of "don't know." Forty-five of the 71 registrants returned the survey. The mean rating for each of the ten questions ranged between "2" and "3". The following are the ten essential functions with their mean score, listed highest to lowest:

1. Build linkages with partners interested in reducing the burden of oral diseases by establishing a state oral health advisory committee, community coalitions, and governmental workgroups. (3.0)

2. Provide leadership to address oral health problems with a full-time dental director and an adequately staffed oral health unit with competence to perform public health functions. (2.6)

3. Develop and maintain a state oral health improvement plan and, through a collaborative process, select appropriate strategies for target populations, establish integrated interventions, and set priorities. (2.6)

4. Develop and promote policies for better oral health and to improve health systems. (2.6)

5. Provide oral health communications and education to policymakers and the public to increase awareness of oral health issues. (2.4)

6. Develop health systems interventions to facilitate quality dental care services for the general public and vulnerable populations. (2.2)

7. Integrate, coordinate, and implement population based interventions for effective primary and secondary prevention of oral health diseases and conditions. (2.2)

8. Leverage resources to adequately fund public health functions. (2.1)

9. Build community capacity to implement community-level interventions. (2.0)

10. Establish and maintain a state based oral health surveillance system for ongoing monitoring, timely communication of findings, and the use of data to initiate and evaluate interventions. (2.0)

The highest scoring function was to build linkages with partners interested in reducing the burden of oral diseases by establishing a state oral health advisory committee, community coalitions, and governmental workgroups. Thirty-three of the 45 surveys received rated it three or higher. This is largely attributed to the resources and effort that has gone into coalition building and collaboration through the State Oral Health Program over the past two years.

The other high-ranking functions all have to do with the infrastructure development efforts of the past two years. For example, the second highest function was to develop and maintain a state oral health

improvement plan and, through a collaborative process, select appropriate strategies for target populations, establish integrated interventions, and set priorities. Other functions that scored comparatively high included developing and promoting policies for better oral health, improving health systems, and providing leadership to address oral health problems with a full time dental director and an adequately staffed oral health unit with competence to perform public health functions.

In contrast, the low scoring functions largely related to resources and service capacity issues. These functions received either a 2.0 or 2.1. The two lowest scoring functions were to establish and maintain a state based oral health surveillance system for ongoing monitoring, timely communication of findings, and the use of data to initiate and evaluate interventions. This was tied with building community capacity to implement community level interventions. This received a 2.0 with 19 responses rating it 2 or 1. Another low scoring function was leveraging resources to adequately fund public health functions. This scored 2.1 with 20 responses rating it 2 or 1.

Comments indicated a clear sense of the progress that has been made in the past two years as well as acknowledgements that there is considerably more to be done. One challenge noted repeatedly was the lack of resources available to support efforts such as resources to support dental coalitions working throughout the state. At the same time, a strength that was mentioned many times was the excellent leadership provided by the OHP staff.

A critical issue related to leadership capacity is the future sustainability of the progress that has been made during the initial three years of the OHP. In 2003-04, 100 percent of the funding to conduct OHP activities – the activities described in this annual report – was received from federal sources. No state or private dollars were used for the OHP. This situation was recognized in the State Oral Health Plan developed in 2004, which contains a specific goal and related strategies to promote sustainability of the OHP.

Recommendations for the Future

1. One of the desired evaluation components for this goal is to identify the oral health leadership capacity at the local level, such as district health departments and "champions" of oral health improvement. Time and resources did not allow the issue of local leadership to be evaluated in a meaningful way. This issue should be considered for analysis during the next fiscal year, since local leadership across the state regarding oral health improvement is critical to sustaining partnerships and continually building public understanding and support for oral health programs.

Goal #2: Describe Oral Health Disease Burden and Unmet Needs

Objectives for the Year

The objectives for fiscal year 2003-04 were for the OHP to update the publicly available oral disease burden document as new data is available. The burden document is to include oral health status data with indicators consistent with the National Oral Health Surveillance System (NOHSS) and incorporate data from the Behavioral Risk Factor Surveillance System (BRFSS), Basic Screening Survey (BSS), Water Fluoridation Reporting System (WFRS) and Association of State and Territorial Dental Directors (ASTDD) State Synopsis. Dissemination of the burden document will be tracked and an impact evaluation will be performed.

Activities Conducted

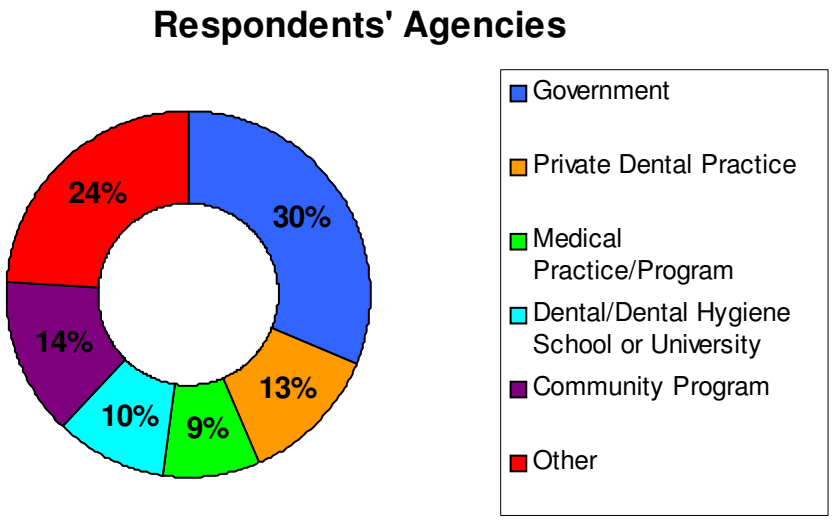
The annual oral health burden document, which highlights key issues and trends related to oral health in Nevada, was completed in December 2003 and distributed to over 130 stakeholders. The development of the burden document included steps to collect available data on oral health status, identify target populations, compare Nevada to national and other state data where available and applicable, and organize the results of the data collection and analysis.

Recipients of the burden document were also sent a brief questionnaire seeking feedback on the usefulness of the document. Responses to the questionnaire were compiled and analyzed.

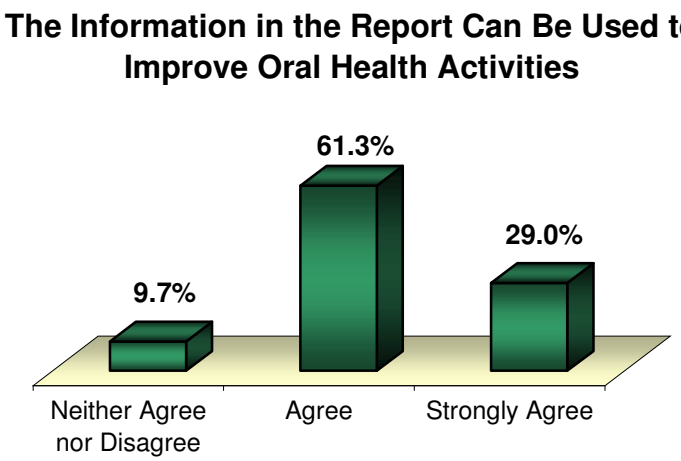
Evaluation Findings

The objectives contained in the one-year work plan were fully met by updating and releasing the burden document.

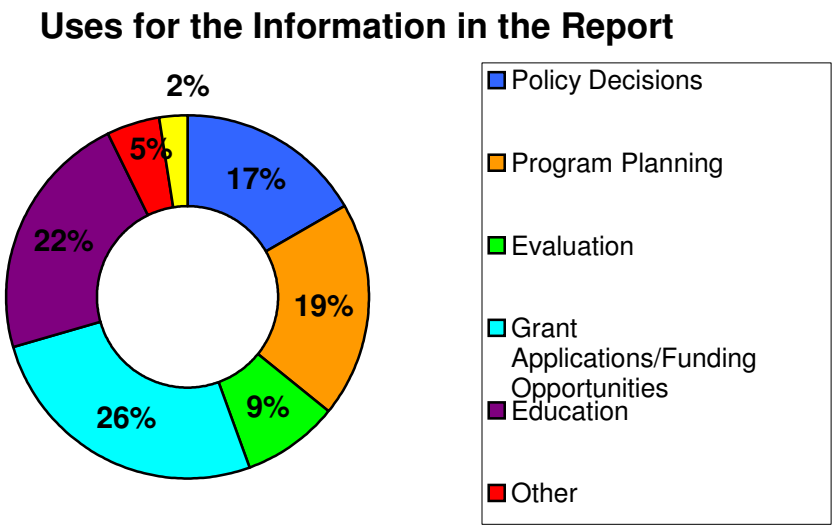
Fifty percent of the recipients of the burden document returned the questionnaire designed to assess the usability of the burden document. Respondents mostly represented government agencies, non-profit advocacy groups, and dental membership organizations (the latter two are included in Other).



Survey results indicated that the respondents agreed the report could be used to improve oral health activities within their organization. On a five point scale where 1=Strongly Disagree and 5=Strongly Agree, the average response was 4.19. No negative responses were received on this question.

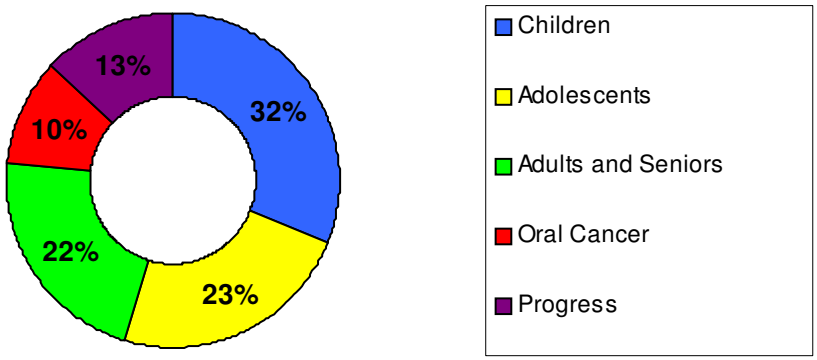


The data in the report was seen to have many uses, from education to use in grant applications and requests for funding. Interestingly, 2 percent of the respondents could not see any use for the report at all. This suggests that there is still a need for educating persons at leadership levels about the importance of data and oral health. In addition to this 2 percent, some of the questionnaires were sent back blank with written comments indicating that the respondents believed that the information in the burden document had no impact on their duties as a member of a dental organization, hospital, school, or state legislature.



Respondents felt the report was mostly useful in describing oral health status for the populations of children, adolescents, and adults. A sizeable number also indicated that their organizations could make use of the sections on oral cancer and the state's progress towards Healthy People 2010 goals.

Most Useful Sections of the Report



Twenty-seven percent of the survey respondents commented on possible improvements to the document. Some suggested that the report become more focused on select areas, such as seniors, or having the information broken down by region. However, in order to comply with many of the suggestions, the report would need to be expanded to include more detail. A decision must be made as to what purpose the burden document will serve in subsequent years. In the 2003-04 year, the document was meant to be a very brief yet insightful overview of oral disease in the state.

Respondent comments offering specific improvement suggestions are shown below.

What recommendations do you have that would make future editions of the report more useful to you or your organization?
I would like to see info on cost effectiveness of public programs - $/unit per program. How effectively are we using public grant funds?
Types of screenings/services that primary care providers should be providing if patients cannot access a dentist.
Address gap in services for people with developmental disabilities & mental health issues
Very good, insightful, overview of oral health in Nevada. Are any counties particularly bad when it comes to oral health?
Can PowerPoint presentation be made from the documents and distributed?
Spanish materials and information
Track the effect of fluoride use and cavity prevention to hopefully show the positive effect. This will assist in educating the population in Washoe co. I think the report was comprehensive. I would like to see some comparison of children aged 3-5 in childcare settings vs. those in Head Start programs.
The "burden" document could include all the state-specific information that has appeared in published reports by different organizations such as Oral Health America, Kaiser, CDC, etc.
Improvements resulting from your interventions. List new initiatives to improve outcomes.
Analysis of some of the data. If sealants are more prevalent in rural areas than in LV, why are dental problems almost 4x more prevalent in rural areas than in LV?
Convert to a PowerPoint presentation & have education specialist present to professional organizations (or other person)
Perhaps convert to a PowerPoint presentation which could be used with groups of volunteers, community coalitions, etc
More information on the access to dental care

What recommendations do you have that would make future editions of the report more useful to you or your organization?
Simplify report for quick reading & ease of memorization - have "speaking points" that support unified understanding & policy development
Perhaps having information regarding how many schools in NV have vending machines selling candy and soda would be helpful. What are school districts' policies on the sale of such items? What nutritional guidance is given by schools or physicians? The "burden" of oral disease should not be entirely shouldered by dentists & hygienists.
Section discussing any innovations to reaching more people/providing more people with dental care
You mentioned access to care and provided stats. But how many that could access care were Medicaid/NV Check Up (SCHIP) vs. Private insurance?
Work more closely as a representative of the state board of dental examiners
It would be greatly helpful if report were broken down by counties or/and cities. This breakdown would be very helpful for grant writing, etc. Thank you for all your hard work!
Continued attention to regional differences & variation – e.g. rural, frontier vs. urban
Continue to provide information & referrals to clients in accessing dental care
Not in position to recommend since don't directly use - however from my association policy or regulation advocacy is where we could be involved primarily - good understanding of needs
More in depth information on senior needs

Recommendations for the Future

1. Reevaluate and clarify the purpose and intended audience of the burden document as compared to the annual report and other reports produced by the OHP, taking into account the feedback received from the survey responses regarding the 2003 burden document. Should the burden document remain a concise snapshot of key indicators of oral health or be expanded to include information on available services and gaps in services? Should it include more interpretations that describe the implications of the data that are presented and present program and/or policy recommendations?

   Regardless of how these questions are resolved, include a short statement of the document's purpose and intended usage at the beginning of the burden document and consider adding a short box at the end referencing the OHP website and availability of other reports (such as the annual report) that are related to the burden document. These steps can help users of the burden document to better understand how the burden document fits into the larger landscape of information about oral health in Nevada.

2. If OHP staff capacity permits, prepare a PowerPoint presentation as requested by several survey respondents and make the presentation available with the burden document. The presentation can highlight the key information from the burden document, serving as a powerful way for stakeholders around the state to use the data from the burden document to raise awareness of oral health issues.

Goal #3: Update a Comprehensive Five-Year State Oral Health Plan

Objectives for the Year

The objectives for fiscal year 2003-04 were for the OHP to convene a meeting of strategic stakeholders to update the State Oral Health Plan to include specific, measurable and time-phased objectives for strengthening oral health programs and services, leading to improved oral health of Nevada's residents. The plan is to address all components specified by the Centers for Disease Control and Prevention

including: oral health infrastructure, Healthy People 2010 objectives, caries, water fluoridation and dental sealants, a description of priority populations and burden of disease, strategies to identify best practices that can be replicated, evaluation strategies, implementation strategies, oral cancer, periodontal disease, and infection control.

Objectives for the year also included dissemination of the State Oral Health Plan to stakeholders and policy makers, and evaluation of how the plan was perceived by those stakeholders and policy makers.

Activities Conducted

Planning for a statewide Oral Health Summit began in September 2003. A planning team developed a process and set of outcomes for the summit. A pre-summit survey was then issued to all people invited to the summit, soliciting assessments of Nevada's oral health infrastructure compared to Association of State and Territorial Dental Directors (ASTDD) guidelines. Forty-five survey responses were received and analyzed, providing the foundation for a situational analysis that was completed during the summit.

The Oral Health Summit was held on January 23, 2004 in Reno with 71 people participating. All six oral health coalitions in the state were represented, together with Nevada State Health Division representatives and other stakeholders that were identified in the planning process. During the summit, participants worked together to assess current strengths, weaknesses, opportunities and threats related to Nevada's oral health infrastructure, define and prioritize critical issues, develop goals for the coming years, and define strategies to accomplish each goal.

Christine Forsch, state Oral Health Program Consultant, worked with the facilitator of the summit, Kelly Marschall of Social Entrepreneurs Inc., to document and analyze the results of the summit. Those results provided the basis for writing the 2004 State Oral Health Plan document, which was released in May 2004. The document includes a description of the planning process, a situational analysis assessing strengths and weaknesses in achieving 2002 goals, goals that are recommended for future action starting in 2004, and an action plan for achieving the new goals.

The State Oral Health Plan was sent to all participants at the summit plus other stakeholders and interested parties. 150 copies of the plan have been distributed by the OHP as of June 30, 2004. The oral health coalitions were asked to review the goals and objectives in the Plan to identify what strategies they can implement. The plan was also posted on the Nevada State Health Division's website so it is publicly accessible.

A survey was sent with all copies of the State Oral Health Plan distributed by the OHP, seeking feedback on the usefulness of the plan. A follow-up notice was sent approximately one month later with another request to complete the survey. Despite these efforts, only 23 responses were received out of 150 surveys distributed. The number of responses was insufficient to draw any valid conclusions so survey results are not included in this report.

Evaluation Findings

The objectives contained in the one-year work plan were fully met through the development of a State Oral Health Plan addressing all components specified by the CDC. Most importantly, the plan was developed through active involvement of stakeholders from all around the state, with explicit linkages defined with each of the regional coalitions that are essential partners in implementing many of the actions called for in the plan.

As noted above, the lack of responses to the State Oral Health Plan evaluation survey precluded an assessment of how the plan was perceived by stakeholders and policy makers.

Recommendations for the Future

1. Work with communities and coalitions to develop regional oral health plans that (a) show what the region is committed to doing toward achieving the goals described in the State Oral Health Plan, and (b) identify ways to strengthen local resources and infrastructure related to oral health. The regional plans can be powerful tools to unify leadership, coalitions and partnerships throughout the state. They can also provide critical insights into where gaps exist in achieving statewide goals since if few or no regional plans demonstrate the capacity to achieve a particular statewide goal, either the OHP will be left to determine how to pursue the goal or specific capacity building priorities can be identified that will need to be met in order for the goal to be achieved.

2. Hold another State Oral Health Summit in 2005 rather than waiting two or more years for the next Summit. Funding is already being sought for this purpose. A 2005 Summit would allow stakeholders to share information about progress made toward implementing the 2004 plan and to strategize on ways to further strengthen implementation efforts. It should also be noted that post-Summit evaluations from the 2004 participants indicated that participants would have liked more time to network and more time to spend on developing goals and objectives. Many participants requested the Summit be expanded to a two-day event. These requests should be taken into account when planning the next Summit.

3. Since the number of responses received to the survey seeking feedback on the State Oral Health Plan was insufficient to draw conclusions, feedback on the State Oral Health Plan should instead be sought at the 2005 State Oral Health Summit. This approach can produce richer information by assessing the extent to which people have understood, embraced, and begun to work toward the goals described in the State Oral Health Plan.

Goal #4: Sustain Diverse Oral Health Coalitions

Objectives for the Year

The objectives for fiscal year 2003-04 were for the OHP to provide leadership and guidance in unifying local coalitions into a statewide oral health coalition by inviting all existing local coalition members to participate in forums to update the State Oral Health Plan. Development of the State Oral Health Plan provides local coalitions with guidance and assistance in moving their individual coalitions towards a common vision and mission.

Related objectives for the year were to invite local coalition members to serve on the State Oral Health Advisory Committee, convene a joint meeting of the Community Coalition for Oral Health and the Northern Nevada Dental Coalition for Underserved Populations to identify projects in which the two coalitions may collaborate, and maintain regular ongoing communication between the two coalitions.

Activities Conducted

There are currently five local/regional coalitions in Nevada with a primary focus on oral health. They are the Northern Nevada Dental Coalition for Underserved Populations (Washoe County), Lyon County Healthy Smiles, Inc. (Lyon County), the Elko Oral Health Coalition (Elko County), the Community Coalition for Oral Health (Clark County) and the Tooth Fairy Council (children's oral health in Clark County). Each group shares activities and information with the other groups.

The 13-member State Oral Health Advisory Committee (OHAC) serves the function of a statewide oral health coalition. OHAC members include representatives from the Nevada Dental Association, the Nevada Dental Hygienist's Association, the Nevada State Board of Dental Examiners, schools of dental medicine and dental hygiene, county health departments and other key stakeholder groups. The majority of these members also belong to a local oral health coalition. During fiscal year 2003-04, the OHAC met quarterly to monitor progress toward state oral health plans and facilitate collaboration among the local oral health coalitions and between the local coalitions and the State program.

As described earlier under goal #3, the objective of bringing local coalitions together at a statewide summit to update the State Oral Health Plan was fully achieved. Each of the coalitions was represented at the summit.

A survey was designed and issued to local coalition members in February 2004 in order to assess key aspects of the oral health prevention coalitions including overall functioning, planning activities, achievements and future priorities.

Evaluation Findings

The objectives contained in the one-year work plan were fully met. For purposes of planning future activities to strengthen the oral health coalitions, the survey issued to coalition members represents the best available data on the current functioning of the coalitions.

22 out of a possible 31 survey responses (71%) were received from local coalition members. Key findings from analysis of the survey results are:

- The coalitions have stable and committed membership. 77 percent of survey respondents had been a member of the coalition for at least a year, with an average length of participation of 20.8 months. Members attended over six coalition meetings on the average and spent over six hours per month on coalition activities.

- Aspects of the functioning of the coalitions that are working best are that activities are organized and efficient, members are able to discuss issues openly and feel they have equal opportunities to express opinions and contribute to the coalition, and the coalition maintains diverse membership that includes representation from groups related to oral health that should be involved.

- 16 suggestions were provided by members for improving the functioning of the coalitions, which mainly focused on the following items: more funding and staff support for the work of the coalitions, expanded outreach and involvement of increasingly diverse groups beyond provider organizations and public entities (such as youth groups), and assistance with legislative advocacy issues.

- The highest rated aspects of coalition planning activities were consideration of population-based strategies such as sealants and water fluoridation, partnership with the state oral health program and other coalitions, sufficiency of available information from the state oral health surveillance system, and the ability of members to have meaningful participation in the planning process. The lowest rated aspects were consideration of priority needs related to periodontal disease and consideration of public communications and marketing issues in the planning process.

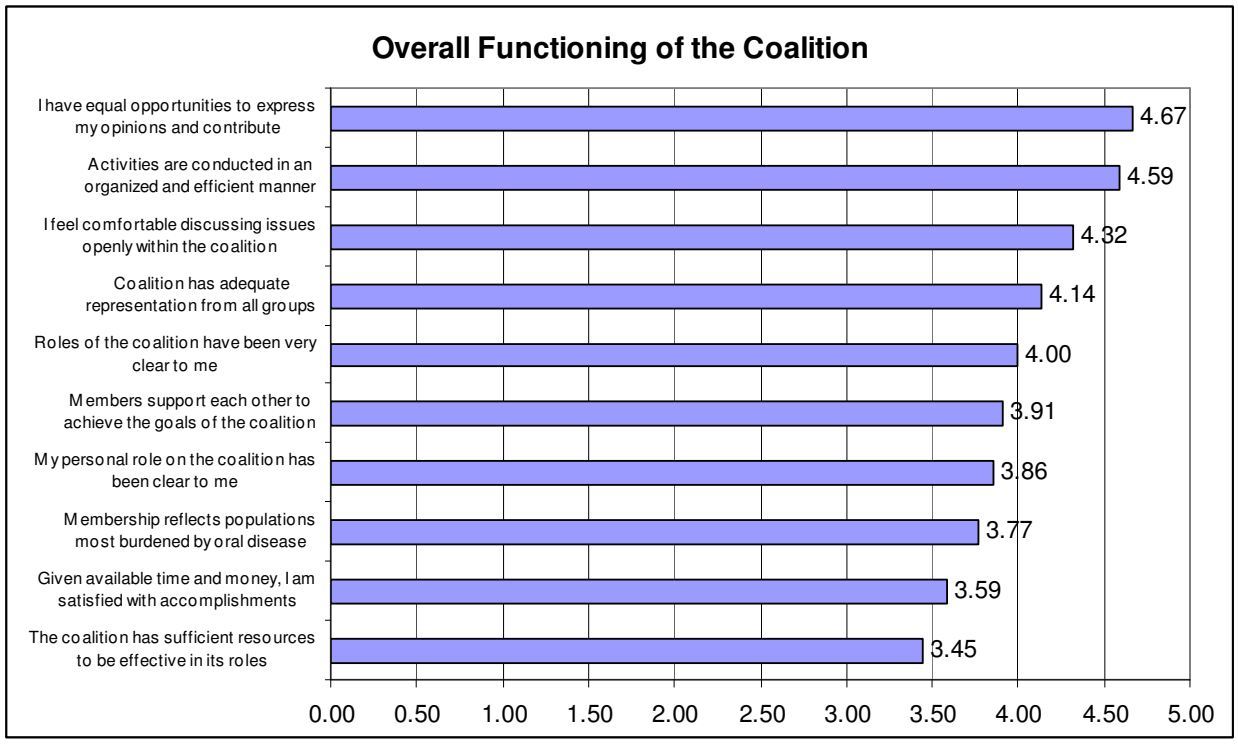
- The most frequently cited achievements of the coalitions in the past year were the effectiveness of information sharing and networking, improved representation and unity among diverse groups, and establishment of the "1 Day" program. The "1 Day" program is a collaboration between the Southern Nevada Dental Society, Great Basin Primary Care Association and the Community

Coalition for Oral Health where dentists in southern Nevada are being recruited to provide free care to uninsured children who are referred into the program by local agencies.

- Top priorities for the coalitions to address during the next year, based on the items cited most frequently on survey responses, are:

  - ✓ Improved access to care, including focused effort on the need for increased funding for oral health programs and services;
  - ✓ Bringing oral health issues to the legislature during the next legislative session;
  - ✓ Establishing nonprofit 501(c)(3) status for the coalition in order to pursue funding opportunities and otherwise strengthen the coalition; and
  - ✓ Continued implementation of the 1 Day project.

The graph below shows the average level of agreement among coalition members for each survey question related to the overall functioning of the coalition. A scale of 1 to 5 was used, where 1 = strongly disagree and 5 = strongly agree.



Recommendations for the Future

1. Consistent with the findings from the coalition member survey, there is a significant need for a Coalition Coordinator within the OHP that can provide dedicated time to supporting the local coalitions and promoting communication and collaboration across coalitions. The Coordinator should help coalitions define objectives, develop plans, develop local leadership, acquire resources, establish performance measures and address other technical assistance needs. Funding for at least a ½ time position has been requested in the grant extension application to the CDC.

2. Linking this goal to goal #1, a priority should be placed on further developing local coalition leadership while recognizing variations in the purposes, stage of development, membership, capacity and resources of the different coalitions.

Goal #5: Enhance the Oral Disease Surveillance System

Objectives for the Year

The objectives for fiscal year 2003-04 were for the OHP to continue to collect key health indicators consistent with the National Oral Health Surveillance System (NOHSS) and the Association of State and Territorial Dental Directors (ASTDD) State Synopsis, and to monitor water fluoridation consistent with the national Water Fluoridation Reporting System (WFRS). In addition, a statewide oral health surveillance survey of the prevalence of caries in young children was to be conducted. The data collected will be disseminated through the burden document and annual report.

Activities Conducted

Per the objectives set for the year, the following ongoing data collection activities were conducted or coordinated by the OHP.

Basic Screening Survey (BSS) data. Annually, a statewide Basic Screening Survey is conducted utilizing third graders, preschoolers and seniors on a three-year rotating basis. The target population in fiscal year 2003-04 was preschoolers. Accordingly, the Healthy Smile-Happy Child study was performed, which involved oral screening of 1,700 children at all 51 Early Head Start (0 to 3 years of age) and Head Start (3 to 5 years of age) locations in Nevada. Screening was completed in May 2004 and a report presenting the results of the study was released in June 2004. The results are incorporated into the Oral Health Outcomes section of the annual report.

Behavioral Risk Factor Surveillance Survey (BRFSS) data. The OHP contracted with the Board of Regents of the University and Community College System of Nevada to conduct the oral health portion of the Behavior Risk Factor Surveillance Survey. Data collection for the oral health module of the BRFSS began January 1, 2003 and ended December 31, 2003. The data was then analyzed by the Center for Health Data and Research in the Nevada State Health Division, which issued a report of results in July 2004. The results are incorporated into the Oral Health Outcomes section of the annual report.

Sealant program data. Data was obtained from each sealant program in the state showing the extent to which schools have a school-based sealant program and the number of second grade students that had sealants placed. The program data for fiscal year 2003-04 was compiled and analyzed by the OHP. The results of the analysis are summarized under goal #10 in the annual report.

Water Fluoridation Reporting System (WFRS) data. Monthly reports were received by OHP with daily fluoride concentrations and average monthly concentrations at each water plant, per WFRS requirements. Further information about water fluoridation activities are described under goal #8 in the annual report.

Nevada State Board of Dental Examiners data. A list of licensed dentists from the Board of Dental Examiners was received by the OHP in August 2003 and analyzed to assess the impact of licensure by credential.

Other surveillance data. Crackdown on Cancer performed oral screenings on 11,787 high school students statewide during the 2003-04 academic year to assess the rate of decayed, filled, missing and sealed teeth among adolescents. The screenings also looks for lesions of the mouth as a possible precursor to oral cancer, and correlated the presence of lesions to the use of tobacco. The results are incorporated into the Oral Health Outcomes section of the annual report.

Evaluation Findings

The objectives contained in the one-year work plan were fully met. The Healthy Smile-Happy Child study of preschool age children in the Head Start program, together with a statewide open-mouth screening of third grade students conducted in February 2003 and reported in the 2002-03 Oral Health Program Annual Report, represent perhaps the best data on the oral health of children that has ever been available in Nevada. The further addition of the Crackdown on Cancer data on high school screenings, despite some issues affecting the reliability of the data, allows a fuller view of oral health issues for all ages of children and youth.

Recommendations for the Future

1. Since the State Oral Health Plan was just revised in 2004, the surveillance plan for data collection, analysis, dissemination and use should be reviewed and revised as needed to ensure alignment with the components of the Oral Health Plan.

2. The Data Development Issues section of the main report (starting on page 36) identifies gaps or deficiencies in the available data that affected the ability to evaluate oral health program activities and outcomes. The surveillance plan should also be reviewed to identify opportunities to address the data development issues listed in the annual report.

3. The surveillance plan should be distributed to the local coalitions so that the coalitions understand what new data collection efforts are planned, and can be engaged in supporting data collection as appropriate.

Goal #6: Identify Prevention Opportunities to Reduce Oral Disease

Objectives for the Year

Objectives for fiscal year 2003-04 were to conduct an environmental assessment to identify areas in which policy change could potentially improve oral health. The State Oral Health Advisory Committee was charged with reviewing the assessment results and identifying opportunities for systematic, socio-political and or policy change to improve oral health. Partners to advocate for these changes will be identified. Information on the identified prevention opportunities will be disseminated to local coalitions and stakeholders. As politically appropriate, the Oral Health Advisory Committee, the OHP and the partners will collaborate to affect these identified changes.

Activities Conducted

A survey utilizing the Environmental Assessment tool developed by the CDC was completed by members of the State Oral Health Advisory Committee (OHAC) in November 2003. Results were compiled by the OHP Biostatistician and presented back to the OHAC for discussion. Subsequent to completion of the Assessment the following activities occurred by June 30, 2004 related to acting upon prevention opportunities identified in the environmental assessment:

School Sealant Programs

Structures and Process – The 2004 State Oral Health Plan was updated in January 2004. The new plan includes a number of goals specifically related to school based dental sealant programs. Part of Goal 3.8 of the State Oral Health Plan is to implement legislation to require oral health screening prior to school enrollment and to require oral health education in school curricula. Goal 5.1 is to promote expansion of existing, and to establish new, school based dental sealant programs.

Resources – When the State Oral Health Collaborative Systems grant application became available, the Oral Health Program chose to request $65,000 a year for three years to support school based dental sealant programs. When approached by Oral Health America regarding a partnership, the Oral Health Program requested assistance with the school based dental sealant program in Clark County. In addition, efforts continue to encourage dental hygienists to obtain Public Health Endorsement so they can participate in school based dental programs.

Climate/Culture – Part of Goal 3.8 of the State Oral Health Plan is to prohibit the sale of soda pop in K-12 schools. The Oral Health Program developed a fact sheet on sealants that has been endorsed by the Oral Health Advisory Committee, the Community Coalition for Oral Health and the Northern Nevada Dental Coalition for Underserved Populations. The fact sheet will be used to educate policy makers and community members about sealants and school based dental sealant programs.

Water Fluoridation Programs

Structures and Process – Stakeholders are aware of the possibility of legislation being introduced during the 2005 session that would raise the county population level at which fluoridation must be implemented. Bill draft requests are being monitored and data is being collected to demonstrate the effect fluoridation has had in Clark County.

Resources – For the past two years, the Oral Health Program has paid for fluoridation training for one water plant operator from each of the water authorities that fluoridates. Funding has been budgeted to continue supporting training of water plant operators on a yearly basis. In addition, funding is set aside to support costs associated with annual fluoridation equipment inspections.

Climate/Culture - The Oral Health Program developed a fact sheet on fluoridation that has been endorsed by the Oral Health Advisory Committee, the Community Coalition for Oral Health and the Northern Nevada Dental Coalition for Underserved Populations. The fact sheet will be used to educate policy makers and community members about fluoridation.

Support for Public Oral Health

Structures and Process – The 2004 State Oral Health Plan includes multiple goals to support public oral health including maintaining a State Oral Health Program and Advisory Committee, developing an ongoing surveillance system and identifying resources and capacity, determining needs and developing community based reporting systems. All 2004 State Oral Health Plan goals have been cross-referenced with HP 2010 goals and National Call to Action goals.

Resources – Goal 4 of the 2004 State Oral Health Plan is to develop sustainability for the State Oral Health Program. Strategies include development of coalitions to advocate for funding for the program and for the goals of the program. The program has dedicated significant resources

towards the dental sealant program, fluoridation education, and oral health promotion. The Oral Health Program provides significant data and technical support to other programs seeking funding to support oral health promotion programs from sources such as the Trust Fund for Public Health and the Fund for a Healthy Nevada.

Climate/Culture - County specific fact sheets, which include information about school-based dental sealant programs, fluoridation, fluoride varnish programs, and workforce capacity, have been developed. These same fact sheets have been modified to report information by Assembly and Senate district.

Coalitions

Structures and Process – A coalition assessment was completed in April 2004. The 2004-05 Executive Committee will utilize the results of the assessment for planning purposes at their first Executive Committee meeting in September 04. The Coalition has completed the process of incorporation and is now in the process of obtaining 501(c)(3) status.

Resources – The Oral Health Program has budgeted for a Coalition Coordinator to provide support to community oral health coalitions. Now that the coalition has incorporated, a bank account is being set up and dues are being assessed.

Climate/Culture – Differences of opinion are respected and processes have been established to deal with these differences. For example, a significant difference of opinion developed over a fact sheet on the Dental Workforce. The organization with the dissenting opinion was asked to develop a fact sheet they would be comfortable endorsing. The coalition will review the original fact sheet and the fact sheet proposed by the dissenting organizations. The coalition will then attempt to develop one fact sheet all parties are agreeable to endorsing.

Other notable achievements during the 2003-04 fiscal year included the following.

- In March 2004, the State Board of Dental Examiners voted to adopt a rules change to allow dental hygienists in public health settings to determine the suitability of teeth for dental sealant. On May 25, 2004 final approval was received from the Legislative Council Bureau (LCB) and the changes to Nevada Administrative Code officially became effective.

- On Friday, June 11, 2004 the Board held a public hearing to receive comments from interested persons regarding the adoption of regulations to allow a dentist to authorize a dental hygienist to supervise a dental assistant and to allow a dental hygienist who has received Public Health Endorsement from the State Board of Dental Examiners, to supervise a dental assistant in public health settings. There was no public comment and the regulations were adopted.

- The Community Coalition for Oral Health (CCOH) in cooperation with Oral Health Program has developed policy papers on oral health access/infrastructure, early childhood oral health needs, oral health care for older adults, community water fluoridation, sealants and the dental workforce. The policy papers include information on the public health issues, Nevada's statistics, and strategies for Nevada's future. The CCOH has asked the Oral Health Program Manager to share the policy papers with other oral health coalitions. CCOH is extending an invitation to other coalitions to place their names on the policy papers. Coalitions and stakeholders can use the policy papers in their efforts to affect policy changes.

- A group of members of the Oral Health Advisory Committee has started having biweekly conference calls with representatives of First Health regarding payment of insurance claims. A

letter was sent from the Chair of the OHAC to the Administrator of the Division of Health Care Financing and Policy requesting the establishment of a Medicaid Dental Advisory Committee.

Evaluation Findings

The objectives contained in the one-year work plan were fully met. The activities that were planned for the year were accomplished, tangible progress toward capitalizing on prevention opportunities occurred through the regulation changes that enable dental hygienists to have a greater role in public health, specific goals for future action were incorporated into the State Oral Health Plan, and much-needed informational tools were developed to educate policymakers and others about opportunities to further improve oral health in Nevada.

The results of the Environmental Assessment survey completed by OHAC in December 2003 are insightful in identifying the extent to which prevention efforts are supported or inhibited by public systems, processes, culture, and resources. The survey asked respondents to rate the extent to which various factors inhibited or supported the following important components of a statewide prevention system: school sealant programs, water fluoridation programs, support for public oral health, and oral health coalitions. The rating scale ranged from -4.0 (Strongly Inhibits) to +4.0 (Strongly Supports). The responses are summarized below.

School Sealant Programs

Overall, school system structures and process were rated as being slightly to moderately supportive of school sealant programs. The attributes deemed to be most supportive of school sealant programs were communication between schools and the Oral Health Program (average rating of +1.70) and school leadership (average rating of +1.30). All other attributes – district and school planning process, collaboration with schools, curriculum at schools, mandatory oral health screen and mandatory referral with oral health screen – were rated between +0.10 and +0.90, meaning they are viewed as being neutral to slightly supportive but not inhibitive. On the topic of collaboration with schools, written comments noted that "the school districts in the majority of the state have been open and supportive" but some districts are "more formal and cautious about allowing programs into the schools that take learning time away from the student," leading to slower implementation of sealant programs.

In the category of climate and culture, two issues were noted as being moderate inhibitors to school sealant programs – school environment including vending machines and food choice options (-2.00 rating) and language with multiple languages spoken (-1.50 rating). On the positive side, several attributes were rated as being moderately supportive: relationship with dental and/or hygiene schools (+2.44), advocacy groups (+2.00), relationship with coalition (+1.78), Oral Health unit and Department of Health (+1.70), relationship between school and sealant program staff (+1.50) and relationship with Public Health department (+1.50). The remaining climate and culture factors were rated as being neutral or slightly supportive but not inhibitive, with ratings ranging between +0.10 and +0.80 except for private foundations with an oral health emphasis (rated as +1.30).

Water Fluoridation Programs

In the category of structures and process, counterbalancing factors were noted with the most supportive attribute (pro-fluoridation organization, rated at +2.00) offset by a moderately inhibitive factor (anti-fluoridation presence, rated at -1.70). The remaining factors were rated as being essentially neutral or only mildly supportive; these include county planning processes

(+0.10), legislation and/or regulation (+0.10), local water authority/board (+0.80), leadership in counties (+1.10), communication (+1.30) and collaborations (+1.60).

Resource issues were rated as being mildly to moderately supportive, with ratings ranging from +0.33 to +2.00. The most supportive resources are the fluoridation coalition (+2.00) and the state level coordinator (+1.67).

Several climate and culture issues were rated as being moderate to slight inhibitors to water fluoridation programs. These include anti-fluoridation activities (-2.20), community norms and values in rural areas (-1.60), trust in government and water fluoridation (-1.11) and the complexity of the public water system in rural areas (-0.88). Moderately supportive factors are pro-fluoride activity (+1.70) and the relations between the oral health unit/health department and the community (+1.40). All other factors were rated as being close to neutral, with ratings ranging from -0.22 to +0.70. Written comments pointed to needing more public education about the benefits of water fluoridation and resources to counteract the vocal anti-fluoridation groups.

Support for Public Oral Health

Many aspects of structure and process were viewed as being supportive of public oral health activities. The most supportive factors are collaborations (+2.40), oral health leadership (+2.40), advocacy groups (+2.40), the state oral health plan (+2.33), oral health coalitions (+2.30) and the oral health surveillance system (+2.00). All other aspects of structure and process covered on the survey were rated as being at least mildly supportive, with mean ratings ranging from +0.40 to +1.67.

Resource attributes were rated lower than structure and process attributes but still mildly supportive, with ratings ranging from +0.67 to +1.78 with the exception of Medicaid coverage, rated as -0.33. The most supportive factors are epidemiology support (+1.78), expertise in the state (+1.78) and academic programs (+1.67).

In the category of climate and culture, two factors were rated as inhibitors – state-wide personal value of oral health/Uninsured (-0.90) and state-wide personal value of oral health/Medicaid population (-0.70). On the other end of the scale, two factors were rated as being clearly supportive of public oral health – relations between the oral health unit and oral health organizations (+2.30) and relations between the oral health unit and the state dental society (+2.30). All other factors were rated from neutral to mildly supportive, with ratings ranging from +0.20 to +1.80.

Coalitions

All structure and process attributes on the survey were rated as being strongly supportive of coalitions, with ratings ranging from +2.67 to +3.60. Attributes rated +3.00 or higher were leadership, coalition planning process, coalition organization, collaborations, communication, coalition policy, process for disagreement and diversity of membership (i.e. other than dental professionals). The lowest rated item, evaluation, still had a mean rating of +2.67.

Resources were noted as being moderately supportive of coalitions with ratings of +2.50 for permanent meeting space, +2.40 for support staff and +2.10 for human resources. The exception was financial resources, rated at +0.80 with the comment that no financial resources have been formalized.

Climate and culture factors were viewed as generally very favorable for coalitions. Highly rated attributes were consideration for prevention programs (+3.30), relations between coalition and oral health unit/health department (+3.10), relations between coalition members (+2.80), member norms and values (+2.70) and consideration for issues across the life span (+2.70). Lower rated items still viewed as being at least mildly supportive were membership agenda (+1.90), equal control among competing parties (+1.10) and "turf" issues (+0.70).

It is important to note that throughout the categories covered in the Environmental Assessment survey, the State Oral Health Program was consistently rated as being one of the strongest supportive factors toward prevention and public oral health efforts.

Recommendations for the Future

1. Many recommendations for the future regarding prevention opportunities are already embedded in the State Oral Health Plan. The critical element is ensuring that the OHP maintains the resources necessary to provide the statewide leadership and support needed to translate the plan into action.

2. The environmental assessment noted many conditions that are strongly supportive of the oral health coalitions in Nevada. To capitalize on this strength, a priority should be placed on more explicitly engaging the coalitions and local stakeholders to take a lead role in pursuing changes to systems and policies that support prevention efforts.

Goal #7: Develop and Coordinate Partnerships

Objectives for the Year

Objectives for fiscal year 2003-04 were to identify appropriate partners to assess areas critical to the development of state-level and community-based oral health promotion and disease prevention programs, and then consult with and involve the identified partners. These partnerships should seek to avoid duplication of efforts, ensure synergy of resources, and enhance the overall leadership within the state.

Activities Conducted

Partnerships are central to a strong oral health infrastructure. Seeking to highlight the programs and successes of organizations around the state, and gather important information to help identify potential future partnerships, the OHP issued an informational request in April 2004 to all known oral health prevention and education programs in the state requesting them to complete a short profile about their program. The responses received are included in Appendix 3 of the annual report.

The OHP worked directly with numerous partners on specific oral disease prevention activities during the fiscal year. These activities are summarized below.

- **Healthy Smile-Happy Child**. The Healthy Smile-Happy Child (Early Childhood Caries prevention) class, which targets the medical community along with childcare and social workers, was presented 13 times to 126 participants.

- **Prevent Abuse and Neglect through Dental Awareness (P.A.N.D.A.)**. P.A.N.D.A. training, which targets dental, medical, childcare and social workers, was presented 39 times to 461

participants. Letters offering free P.A.N.D.A. classes were sent to every licensed dentist in Nevada in October 2003.

- **Oral Health Curriculum**. The OHP continued to work with the Department of Education to integrate oral health education into the school curriculum. Further, the OHP Health Educator is developing training materials for school nurses in the Churchill County School District. The nurses have asked for training so they can incorporate oral health screening into their health assessments of students. Carson City, Pershing, and Douglas School Districts have also expressed interest in this training.

- **Oral Health Education**. The OHP continued to identify appropriate partners to implement public education campaigns on oral health. In 2003, the program partnered with the Nevada Broadcasters Association in an oral health education media campaign. From May 2003 through March 2004, a total of 14,129 radio and television spots with a combined value of $1,508,950 were aired. Other identified partners include Channel 10 Ready to Learn, Head Start, Family Resource Centers, Family to Family, and community health fairs.

- **Great Basin Primary Care Association**. The Oral Health Program has provided funding to the Great Basin Primary Care Association (GBPCA) to develop and implement a network of volunteer dentists in southern Nevada to provide dental care to uninsured children. GBPCA is partnering with the Southern Nevada Dental Society on this project, called the 1DAY program. As of May 25, 2004, 66 dentists have been recruited for the 1DAY program in Clark County. At the GBPCA Symposium held in May, development of training for clients of the 1DAY program was identified as a need.

- **Health Access Washoe County**. The OHP has provided funding to Health Access Washoe (HAWC) County Community Health Center in Reno for an Early Childhood Caries (ECC) prevention project focusing on pregnant women and very young children. Radio spots are being aired and HAWC is recruiting pregnant women for the project.

- **Access to Health Care Washoe County**. The Oral Health Program Manager continued to serve on the Access to Health Care Washoe County Steering Committee. Access to Health Care Washoe County is developing a Strategic Plan that will be used to position Washoe County to compete for federal funds to support access to quality health care for Washoe County's underserved citizens, including dental services. The Oral Health Program Manager is working to assure that oral health is included in the Strategic Plan.

- **Healthy Childcare Nevada**. The Oral Health Program Manager continued to serve on the Healthy Childcare Nevada Advisory Committee. Healthy Childcare Nevada has four focus areas. Caring 4 Kids Child Care Training Series is a set of self-study training module available in public libraries and resource offices statewide. Caring for Our Children is a comprehensive set of guidelines for health, safety and quality childcare. Child Care Health Consultation is a new and innovative program to provide consultation services and assistance to childcare providers in areas of health, safety and quality care. Healthy Child Care Nevada also helps coordinate caregiver training on children's health insurance program and assistance for families needing health care insurance.

- **Western Interstate Commission on Higher Education (WICHE)**. The Oral Health Program Manager served on the Health Care Access Program Advisory Committee. Through a program operated by WICHE, qualifying Nevada students selected through a competitive process in the fields of dentistry, pharmacy, physical therapy, nursing, mental health and physician assistants have their tuition paid directly to the schools on behalf of the student, at a reduced rate. The

student is not required to repay any portion of the funds, but the student must return to Nevada and practice in a medically underserved region or with a medically underserved population for two years.

- **Other State and National Boards**. The Oral Health Program Manager served on a number of other committees and boards on both a state and national level, including:
  - Head Start Collaboration Steering Committee
  - Board of Directors of the High Sierra Area Health Education Center
  - Treasurer for the Association of State and Territorial Dental Directors
  - Chair of the 2005 National Oral Health Conference Planning Committee

Evaluation Findings

The objectives contained in the one-year work plan were fully met. Of perhaps even greater importance, the information submitted by the 28 oral health programs around the state showed that many partnerships have been established among organizations around the state in order to better reach underserved populations.

Recommendations for the Future

1. The OHP should support continued communication, coordination and sharing of best practices, challenges and successes across programs and partnerships. Note that this is different from the recommendation under goal #4 to hire a Coalition Coordinator; the focus of the Coordinator is on the coalitions, whereas the recommendation offered here is to enhance communication and coordination at the more detailed level of programs and partnerships. However, clearly there is a relationship between the coalitions and the programs/partnerships discussed here, so the Coalition Coordinator should be actively involved in carrying out this recommendation.

2. The OHP can also engage the coalitions and other partners in efforts to increase awareness of the value of partnerships, with a specific priority placed on expanding linkages beyond the oral health programs.

3. Evaluation plans for fiscal year 2004-05 and beyond should consider including a more expanded and systematic process for gathering information about the activities of individual programs and partnerships. This kind of information is crucial to answering the fundamental evaluation question presented on page 36 of the main report, are we reaching the right populations with the right programs?

Goal #8: Coordinate and Implement Community Water Fluoridation

Objectives for the Year

Objectives for fiscal year 2003-04 were to establish a comprehensive fluoride inspection program in accordance with the standards set in the national Engineering and Administrative Recommendations for Water Fluoridation (EARWF) and to ensure that each water treatment plant that fluoridates has at least one water plant operator who has completed a comprehensive fluoridation-training program annually.

Activities Conducted

The Oral Health Program, in cooperation with the Bureau of Health Protection Services, has developed and implemented a comprehensive fluoride inspection program according to the standards set by the CDC in its Engineering and Administrative Recommendations for Water Fluoridation (EARWF). In compliance with the provisions of the fluoride inspection program, an inspection of Las Vegas Valley Water Authority and the City of Henderson fluoridation equipment was conducted on May 25 and 26, 2004. An engineer with the Bureau of Health Protection Services conducted the inspections, accompanied by the Fluoridation Consultant contracted by the OHP.

Also as required by EARWF, fluoridation levels were tested daily. Test results were sent to the Fluoridation Consultant, who entered the data into a database for reporting and analysis purposes.

Each of the two water authorities that fluoridates sent a water plant operator to a CDC fluoridation training program in November 2003.

In order to help better evaluate the percentage of Nevada's population receiving water with sufficient concentrations of fluoride to produce oral health benefits, an analysis of data on naturally occurring fluoride levels obtained from the United States Geological Survey (USGS) was performed at the University of Nevada Reno. The analysis showed that the amount of data available is insufficient to conclude what percentage of Nevadans is receiving optimal levels of fluoride. Two maps were delivered to show the scarcity of sampling points and the range of missing, inaccurate data. Also, the sampling points provided by USGS do not necessarily reflect sources of drinking water for the surrounding residential areas.

Evaluation Findings

The objectives contained in the one-year work plan were fully met. Here, it should be noted that the objectives for the year did not include substantive public education and promotion activities designed to increase public awareness and acceptance of water fluoridation. As reported in the 2003 burden document, 69 percent of Nevada's population is currently served by community water systems with optimally fluoridated water as compared to the Healthy People 2010 target of 75 percent.

Recommendations for the Future

1. The CDC requires each water authority that fluoridates to have at least one water plant operator that has completed a comprehensive fluoridation training program annually. Ongoing support from the state Oral Health Program is needed to meet this standard due to the rate of turnover in water plant personnel and the lack of an institutionalized fluoridation training program in Nevada.

2. Develop a system to collect, analyze and report naturally occurring fluoride in community water supplies.

3. Continue to educate communities about the benefits of optimally fluoridated water, working to overcome barriers in public attitudes that have thwarted past efforts to increase access to fluoridated water from community water systems.

Goal #9: Share Accomplishments, Best Practices and Learning

Objectives for the Year

Objectives for fiscal year 2003-04 were to conduct a systematic evaluation of all aspects of the State Oral Health Program, to document program accomplishments through quarterly status reports to the State Oral Health Advisory Committee, and to share program accomplishments through means including but not limited to submissions to the ASTDD Best Practices Synopsis database, presenting accomplishments at state and national conferences, and writing articles on Nevada's oral health activities and successes.

Activities Conducted

Social Entrepreneurs, Inc. was contracted to develop evaluation tools and assist the OHP with utilizing evaluation results for program management. A participatory evaluation process was developed and implemented, as described in the Evaluation Methodology section of the main body of this report. Data collection tools that were either newly developed or adapted from CDC samples, in alignment with the ten overall capacity building goals of the OHP, included: a Performance Measurement Tracking tool that integrates program activity guidelines for all ten goals, a Coalition Member survey for assessing the functioning of oral health coalitions, separate evaluation tools to be completed by recipients of the burden document and State Oral Health Plan, and a format for gathering profiles of local and regional oral health programs. The evaluation process for 2003-04 was completed through the development of this Annual Report.

Program accomplishments were shared quarterly with the State Oral Health Advisory Committee via a written report prepared and presented by the Oral Health Program Manager.

National presentations were made at the following forums in order to share Nevada's program accomplishments:

- National Primary Oral Health Conference
- American Public Health Association Annual Session
- Chicago Dental Society Mid-winter Meeting
- 2004 National Oral Health Conference

Evaluation Findings

The objectives contained in the one-year work plan were fully met. It should be noted that this is the first year in which a systematic approach to evaluation has been implemented, with the evaluation design not begun until November 2003 and not completed with feedback from CDC until January 2004 after half of the program year being evaluated had already passed. These factors, together with the limited resources available for evaluation, mean that the evaluation process used in fiscal year 2003-04 should only be viewed as a starting point that can and should be enhanced in 2004-05.

Recommendations for the Future

1. In accordance with a recommendation made by the Evaluation Advisory Group in November 2003, add an objective in future years to identify best and promising practices from other states and seek ways to apply those practices in Nevada where appropriate. The emphasis to this point has been on Nevada sharing its accomplishments with other states, not leveraging the learning of other states.

2. Develop an evaluation plan by the beginning of each program year that defines evaluation goals, data collection activities with timeframes for each, and the means by which evaluation results will be utilized (and by whom) in order to guide further program improvements. Since this annual report is the first time an analysis has been available that combines goal-specific evaluation findings with data on oral health outcomes and status, a starting point would be to assess how this report is used to guide program enhancements and then develop recommendations for changes to next year's annual report that will make it more useful to its intended audiences.

3. Areas that have already been identified where the evaluation approach used in 2003-04 can be strengthened in the future are:
    - Assess oral health leadership capacity at the local level, as discussed as a recommendation under goal #1, so that targeted investments can be made in strengthening local leadership if and where appropriate.
    - Enhance the Environmental Assessment instrument to use clearer descriptions for the items being rated. For example, where the term "health department" is used, it is not clear if the survey is referring to county/local health departments or the Nevada State Health Division. Separate rating items would be appropriate for state versus local level structures in some portions of the survey. Ambiguous terms are also used in many places and not explained, reducing confidence about whether respondents have a common understanding of what is being rated.
    - Future assessments of coalitions can be expanded to gather insights about each local coalition where appropriate, with the results of the assessment provided back to the coalition with technical assistance about how to use the results to further strengthen their local efforts.
    - Address the data gaps described in the Data Development Issues section of the main report.

Goal #10: Implement School-Based Dental Sealant Programs

Objectives for the Year

Objectives for fiscal year 2003-04 related to school-based dental sealant programs were to:

1. Annually describe and document the number of eligible public elementary or secondary schools;
2. Annually describe and document the existing related oral health assets;
3. Annually document infrastructure in place for the coordination and management of school-based or school linked dental sealant programs;
4. Show collaborative working relationships and formal agreements between the Nevada State Health Division and the Department of Education; and
5. Evaluate the sealant program annually.

Activities Conducted

The OHP, Saint Mary's, the Nevada Dental Hygienists' Association, the Community College of Southern Nevada and the UNLV School of Dental Medicine have partnered with the public school system to provide sealants to students in Nevada. In school-based sealant programs, open mouth screenings are performed at school sites for second grade students and sealants are placed where appropriate. Parental consent is required for student participation in the screening and sealant placement.

The roles of the OHP in the dental sealant program include:

- Providing assistance in identifying schools located in urban areas in which 50 percent or greater of the student population of that school entity are participating in the federal or state free and

reduced meal program, or schools that are located in rural school districts having a median income that is at or below 235 percent of the poverty line (as per CDC guidance);
- Assisting with locating volunteer dentists to provide screenings prior to sealant placement;
- Assisting with locating volunteer dental hygienists to provide oral health education, screening, and sealant placement;
- Assisting in obtaining free dental sealant material and continuing to provide four sets of dental equipment to utilize in the sealant program; and
- Collecting and analyzing reports from the dental sealant program partners, allowing the OHP to determine what percent of eligible children are receiving sealants through the program.

A list of resources has been compiled showing where children needing restorative services can receive services. It is used to refer children for appropriate after-care once they have been screened in a school-based program.

With respect to collaborative working relationships and formal agreements, the Nevada Department of Education has provided a letter of support for the Sealant Program. In addition, a formal Memorandum of Understanding has been established between Saint Mary's, the UNLV School of Dental Medicine, the Community College of Southern Nevada and the Clark County School District, the fifth largest school district in the nation.

Evaluation Findings

In the 2003-04 school year, there were 309 schools with a second grade class and a total of 30,520 second grade students. Of these schools, 62 or 20 percent of them had a school-based sealant program.

A total of 1,531 second-grade students had sealants placed in a school-based dental sealant program during the 2003-04 school year, representing 5 percent of all second grade students but a much larger 30.5 percent of second grade students attending schools that had a school-based dental sealant program. These students received a total of 5,045 sealants or an average of 3.3 per student. The table below shows the number of sealants placed during the 2003-2004 school year by county.

County	# of Sealants Placed
Carson	945
Churchill	326
Clark	385
Lyon	1,096
Mineral	38
Nye	374
Pershing	46
Washoe	1,835
Total	5,045

One of the goals of the OHP is to reduce the disparity of sealant prevalence between urban and rural children who are eligible for free and reduced cost meal program or who attend schools located in school districts having a median income that is at or below 235 percent of the federal poverty line (FPL) compared to urban or rural children who do not participate in the federal or state free and reduced cost meal program or who attend schools located in school districts having a median income that is above 235 percent of the FPL. Out of the 309 schools with a second grade, 133 have over 50 percent of their students eligible for the free and reduced cost meal program or are in a county having a median income at or below 235 percent of the FPL. An analysis of the sealant data for these schools shows:

- 37 out of the 133 eligible schools have a school-based dental sealant program. This means 27.8 percent of the eligible schools have a sealant program. However, these tend to be schools with smaller enrollments – out of the 15,007 second grade student enrolled in an eligible school, only 2,935 or 19.5 percent of them attended a school with a sealant program.

- 1,211 second grade students in eligible schools had sealants placed by a school-based dental sealant program. This represents 41.2 percent of students enrolled in eligible schools with a sealant program. A total of 3,691 sealants were placed for these students, an average of 3 per student.

Recommendations for the Future

1. A significant need exists to diversify funding sources in order to sustain the school-based sealant programs. These programs are currently supported through federal funding streams that do not offer assurance that the sealant programs will be maintained beyond the next two or three years. A specific financing strategy to explore is to bill Medicaid and/or the State Children's Health Insurance Program (SCHIP) for sealant services. However, other funding sources beyond billing of Medicaid and/or SCHIP are also needed, especially for children that are uninsured, underinsured, or ineligible for Medicaid and SCHIP.

APPENDIX 3: LOCAL ORAL HEALTH PROGRAM DETAILS

Many organizations throughout the state are providing outstanding education, prevention and treatment services to improve the oral health of Nevada residents. These organizations and programs are essential to achieving the intermediate and long-term outcomes described in this report.

In order to provide a more complete picture of public health services related to oral health that are available at the local and regional levels in Nevada, this appendix contains a profile of each local oral health program identified by the state Oral Health Program (OHP). Each profile was prepared by a representative of the organization and program being described in the profile. These profiles were the basis for preparing the summary analysis of oral health programs operating in Nevada contained in the main report under goal #7, Develop and Coordinate Partnerships.

The profiles are organized according to the geographic area served by the program:

- Statewide programs operated by entities other than the OHP or Nevada State Health Division;
- Clark County programs;
- Programs primarily serving Washoe and Douglas Counties and/or Carson City; and
- Programs primarily serving areas of the state other than Clark County and the Washoe/Carson City/Douglas region.

Statewide

Programs listed in this section operate statewide rather than being focused in a specific geographic area of Nevada.

Crackdown on Cancer

Program name:	Crackdown on Cancer
Lead organization:	UNLV School of Dental Medicine
Other partner organizations involved in the program:	Only referrals to community clinics or dentists
Geographic area served:	Nevada (statewide), 16 of the 17 counties
Primary contact person:	Dr. E. Steven Smith or Dr. Christina A Demopoulos
Address:	M/S 7410, 1001 Shadow Lane
City, state and zip code:	Las Vegas, NV 89106-4124
Phone number:	(702) 774-2828 or (702) 651-5587
Email address:	essmith@ccmail.nevada.edu/demopoul@unlv.nevada.edu

Types of services provided related to oral health (check all that apply):

- ❒ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ☑ Screening for caries or other oral disease
- ❒ Treatment/restorative services
- ☑ Public education on oral health issues
- ☑ Other (please specify): Tobacco education and oral cancer screenings

Primary age group(s) targeted by the program (check all that apply):

- ❒ Early childhood (ages 0 to 5)
- ☑ School-age children and youth (ages 6 to 18)
- ❒ Non-senior adults (ages 19 to 59)
- ❒ Seniors (ages 60 and over)

Description of services provided and/or activities conducted:

Tobacco education and oral and obesity screenings to high school students (middle schools as schedule permits). Individual counseling for at-risk students. Referrals to collaborative partners for treatment, teaching of self-examination for follow-up.

Summary of service levels for the period July 1, 2003 – June 30, 2004:

Total number of people served	12,274 screenings
	20,750 educated

Units of service – please list ways that the program measures service activity (such as number of patient visits, classes conducted, people screened, sealants applied, etc.) and provide total service levels for the year for each unit of service.

1.	Number of students at presentation	20,750
2.	Number of presentations	458
3.	Number of students counseled	1,885
4.	Number of students screened	12,274

Program achievements during the period July 1, 2003 – June 30, 2004:

The program was offered to all ninety public high schools throughout the State. 68 public high schools participated along with several boys and girls clubs and private schools. We surpassed the number of students that was projected to be screened over the 2002-2004 academic year by almost 2,800 students. We were able to work with collaborative partners such as Miles for Smiles to provide dental treatment to students that had been screened by our mobile dental clinics. We collaborated with St. Mary's Health Network/Outreach to provide sealants to elementary schools in Washoe County.

Challenges currently faced in conducting program activities:

Difficulty in scheduling schools due to other events in the community. Timing is always as issue, but we have been able to do creative scheduling for the most impact of our program.

DHCFP / Medicaid

Program name:	DHCFP / Medicaid
Lead organization:	CMS- Centers for Medicare and Medicaid Services
Other partner organizations involved in the program:	First Health Services Incorp.
Geographic area served:	State of Nevada
Primary contact person:	Kathy Marsh – Dental Program Specialist
Address:	1100 E. William St.
City, state and zip code:	Carson City, NV 89701
Phone number:	775-684-3706
Email address:	kmarsh@dhcfp.state.nv.us

Types of services provided related to oral health (check all that apply):

- ☑ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ☑ Screening for caries or other oral disease
- ☑ Treatment/restorative services
- ❒ Public education on oral health issues
- ❒ Other (please specify): _____

Primary age group(s) targeted by the program (check all that apply):

- ☑ Early childhood (ages 0 to 5)
- ☑ School-age children and youth (ages 6 to 18)
- ❒ Non-senior adults (ages 19 to 59)
- ❒ Seniors (ages 60 and over)

Description of services provided and/or activities conducted:

Nevada Medicaid provides payment for all children's dental services, limited adult emergency dental services, and partials and full dentures for adults, who are Medicaid eligible.

Summary of service levels for the period July 1, 2003 – June 30, 2004:

Total number of people served	27,430

Units of service – please list ways that the program measures service activity (such as number of patient visits, classes conducted, people screened, sealants applied, etc.) and provide total service levels for the year for each unit of service.

1. D0120- periodic oral eval	4,124
2. D1120- prophy, child	2,539
3. D1203- topical fluoride w/o prophy child	2,325
4. D1351- sealant per tooth	14,389

These figures are for billed services (not paid claims), for NV Medicaid/SCHIP and NV Check-Up.

Program achievements during the period July 1, 2003 – June 30, 2004:

Converted all previously state devised dental codes to nationally recognized CDT-4 codes. Conversion and implementation to a Federally-required Medicaid Management Information System (MMIS). The MMIS conversion and implementation are still in progress.

Challenges currently faced in conducting program activities:

- Program budget restraints/limitations.
- Limited number of dental providers who will accept Medicaid fees and clients.
- MMIS implementation has caused many providers who were taking Medicaid, to quit taking Medicaid.
- Patient compliance keeping appointments.

DHCFP/ Nevada Check Up

Program name:	DHCFP/ Nevada Check Up
Lead organization:	
Other partner organizations involved in the program:	
Geographic area served:	Statewide
Primary contact person:	Connie Anderson
Address:	1100 E William Street Ste 119
City, state and zip code:	Carson City, NV 89701
Phone number:	
Email address:	canderson@dhcfp.state.nv.us

Types of services provided related to oral health (check all that apply):

- ☑ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ☑ Screening for caries or other oral disease
- ☑ Treatment/restorative services
- ☑ Public education on oral health issues
- ☑ Other (please specify): medically necessary orthodontia

Primary age group(s) targeted by the program (check all that apply):

- ☑ Early childhood (ages 0 to 5)
- ☑ School-age children and youth (ages 6 to 18)
- ❒ Non-senior adults (ages 19 to 59)
- ❒ Seniors (ages 60 and over)

Description of services provided and/or activities conducted:

Nevada Check-Up provides low cost, comprehensive health insurance for low-income children age birth through 18 who do not qualify for Medicaid and do not have private insurance. Dental services are covered through this program.

Summary of service levels for the period July 1, 2003 – June 30, 2004:

Total number of people served	36,656
Units of service – please list ways that the program measures service activity (such as number of patient visits, classes conducted, people screened, sealants applied, etc.) and provide total service levels for the year for each unit of service.	
1. Extractions	1,057
2. Caps and Crowns	1,213
3. General Anesthesia	5
4. Dental Radiology	7,890
5. Sealants	3,709
6. Surgeries	37

Program achievements during the period July 1, 2003 – June 30, 2004:

See service levels above.

Challenges currently faced in conducting program activities:

- Inadequate number of providers willing to see children

Donated Dental Services

Program name:	Donated Dental Services
Lead organization:	Miles for Smiles/CCSN
Other partner organizations involved in the program:	
Geographic area served:	Northern Nevada: Battle Mountain, Reno, Fallon, Carson City, and Sparks. Southern Nevada: Boulder City, Henderson, Las Vegas, N. Las Vegas, Pahrump.
Primary contact person:	Ronda Thompson
Address:	CCSN/DDS Program, 6375 W. Charleston A500
City, state and zip code:	Las Vegas, NV 89146
Phone number:	(702) 651-5573
Email address:	

Types of services provided related to oral health (check all that apply):

- ☑ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ☑ Screening for caries or other oral disease
- ☑ Treatment/restorative services
- ☑ Public education on oral health issues
- ❑ Other (please specify): _____

Primary age group(s) targeted by the program (check all that apply):

- ❑ Early childhood (ages 0 to 5)
- ☑ School-age children and youth (ages 6 to 18)
- ☑ Non-senior adults (ages 19 to 59)
- ☑ Seniors (ages 60 and over)

DDS provides services to seniors and disabled individuals of any age.

Description of services provided and/or activities conducted:

Services provided by the DDS Program include but are not limited to examinations, x-rays, prophys, restorations, crown and bridge units, full dentures, partial dentures, orthodontic treatment, endodontic treatment, extractions, scaling and root planning, and other perio- and surgical procedures. The DDS program has a full range of volunteer dentists, including many specialists.

Summary of service levels for the period July 1, 2003 – June 30, 2004:

Total number of people served	59

Units of service – please list ways that the program measures service activity (such as number of patient visits, classes conducted, people screened, sealants applied, etc.) and provide total service levels for the year for each unit of service.

1. Total dollar amount of donated treatment provided by dentists	$152,229.50
2. Total dollar amount of donated treatment provided by labs	$ 12,412.24
3. Total number of people who received treatment	59

Program achievements during the period July 1, 2003 – June 30, 2004:

- Was able to increase volunteer dentists by 4 and volunteer labs by 3
- Provided DDS information to programs in need, who were unaware of services provided by DDS
- Increased the number of people served by 15 from the previous year, and the amount of treatment donated by dentists $21,388 from previous year

Challenges currently faced in conducting program activities:

A shortage of dentists willing to volunteer their time to help an ever-increasing population in desperate need!

Great Basin Primary Care Association

Program name:	Great Basin Primary Care Association
Lead organization:	Great Basin Primary Care Association
Other partner organizations involved in the program:	Health Access Washoe County, Silver Springs Hospital District, Lyon County Health Smiles, Miles for Smiles, UNR Office of Rural Health, Fallon Tribal Clinic, Washoe Tribal Clinic, Nevada Dental Association
Geographic area served:	Statewide
Primary contact person:	Patricia Durbin, Deputy Director
Address:	515 W 4th St.
City, state and zip code:	Carson City, NV 89703
Phone number:	775-887-0417
Email address:	pdurbin@gbpca.org

Types of services provided related to oral health (check all that apply):

- ☑ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ☑ Screening for caries or other oral disease
- ☑ Treatment/restorative services
- ☑ Public education on oral health issues
- ❒ Other (please specify): _____

Primary age group(s) targeted by the program (check all that apply):

- ☑ Early childhood (ages 0 to 5)
- ☑ School-age children and youth (ages 6 to 18)
- ☑ Non-senior adults (ages 19 to 59)
- ☑ Seniors (ages 60 and over)

Description of services provided and/or activities:

See Program Achievements listed below.

Summary of service levels for the period July 1, 2003 – June 30, 2004:

This data is not currently available because:

a) Services are tracked differently by funding source, ie, by persons and by procedures and
b) GBPCA has not done a compilation of data across the various programs.

Program achievements during the period July 1, 2003 – June 30, 2004:

- Provided resources from the Fund for Healthy Nevada to Health Access Washoe County to operate their 16 chair facility and support oral health services at the teen clinic.
- Provided resources from the Fund for Healthy Nevada to the UNR Office of Rural Health to operate their clinic in Elko and to initiate a five county mobile oral service program.
- Provided resources from the Fund for Healthy Nevada to the Fallon Tribal Clinic to serve Indian and non-Indian children from the clinic.

- Provided resources from the Fund for Healthy Nevada to the Washoe Tribal Clinic to serve Indian and non-Indian children from the clinic.
- Developed a two-chair dental clinic in Silver Springs and provided dental services to local residents in Lyon County.
- Initiated a business planning process and support for the development of a four-chair dental clinic scheduled to open in Silver Springs November 2004.
- Developed a four-chair dental clinic in Yerington, Healthy Smiles Family Dentistry, which opens on August 3, 2004.
- Provided resources from the federal Office of Rural Health to hire a full-time dentist for the Yerington site (dentist is currently an employee of GBPCA).
- Provided resources from the federal Office of Rural Health to hire a full-time dentist for the Silver Springs dental clinic (dentist is currently an employee of GBPCA).
- Provided resources from the federal Office of Rural Health to hire two full-time dentists for the UNR Office of Rural Health for the Elko clinic and the mobile van.
- Provided resources from the Nevada Health Division to initiate the One Day Program to provide oral health services to children in Las Vegas in partnership with the CCOH and Nevada Dental Association.

Challenges currently faced in conducting program activities:

- Program operations are challenged by slow Medicaid reimbursement process
- Rural oral health programs may never reach levels of income which will sustain them without continued grant funding
- Difficulty in recruiting oral professionals, particularly dental assistants, to rural underserved locations

Saint Mary's Seal Nevada Program

Program name:	Saint Mary's Seal Nevada Program
Lead organization:	Saint Mary's Health Network
Other partner organizations involved in the program:	Nevada Dental Hygienists' Association, Community College of Southern Nevada, UNLV School of Dental Medicine, Seal American, State of Nevada, School districts throughout the state
Geographic area served:	State of Nevada
Primary contact person:	Ginny Cleveland RDH
Address:	745 W. Moana Ln., Ste 100
City, state and zip code:	Reno, NV 89509
Phone number:	(775) 770-3559
Email address:	Virginia.Cleveland@saintmarysreno.com

Types of services provided related to oral health (check all that apply):

- ☑ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ☑ Screening for caries or other oral disease
- ❑ Treatment/restorative services
- ❑ Public education on oral health issues

☑ Other (please specify): referrals

Primary age group(s) targeted by the program (check all that apply):

- ☐ Early childhood (ages 0 to 5)
- ☑ School-age children and youth (ages 6 to 18) (6-9 Second grade students)
- ☐ Non-senior adults (ages 19 to 59)
- ☐ Seniors (ages 60 and over)

Description of services provided and/or activities conducted:

Seal Nevada is a school-based dental prevention program which targets second graders in schools determined to be "at risk" in regard to access to dental care. The program operates on school premises using portable equipment set up in a variety of locations in the school buildings. The program begins with a visit from a program volunteer who provides classroom oral health instruction including proper brushing and flossing technique, diet information, information about sealants and about general good oral and physical health. Those students who receive permission from their parents are seen by Seal Nevada volunteers for a visual screening by a licensed dental professional. Students are then seen during subsequent visits to receive sealants on the teeth that are determined to be appropriate. Referrals are made for acute dental needs and information is provided to parents on how to access their own health insurance plans and how to register for public assistance programs. Parents are also alerted to needs that are present, but not determined to be acute. Each child who is seen in the program received one on one oral health instructions and a new toothbrush and floss. The services are performed during school hours so that dismissal from school to attend a dental appointment is avoided for the preventive procedure. For many of our patients, this is their first dental experience. The program is staffed solely by volunteer dental hygienists, dentists, and dental assistants. Program staff/volunteers and a State of Nevada Oral Health Division employee collaborate with the school personnel for scheduling, referrals and other areas of administration of the program.

Summary of service levels for the period July 1, 2003 – June 30, 2004:

Total number of people served	931

Units of service – please list ways that the program measures service activity (such as number of patient visits, classes conducted, people screened, sealants applied, etc.) and provide total service levels for the year for each unit of service.

1.	Number of children screened	470
2.	Number of children to receive sealants	
3.	Number of second graders receiving classroom oral health instruction	931
4.	Number of sealants placed	1,368

Program achievements during the period July 1, 2003 – June 30, 2004:

Just getting this program started is a great achievement. The next school year will provide opportunities for successes to be reported in the next reporting period.

Challenges currently faced in conducting program activities:

This program has been consistently challenged. One of those challenges will be decreased in the coming year as a result of a rules change promulgated by the Nevada State Board of Dental Examiners. This change allows dental hygienists holding a Public Health Endorsement from the Board to perform the screenings, whereas in the past, the program operation was dependent upon the availability of a volunteer dentist to do the screenings. In addition, it is a challenge working solely with volunteers in that most of those individuals willing to volunteer have Friday as their day off in their regular offices. Having only one day a week available has been very limiting to the program as well as to the schools. Although the equipment is not difficult to setup, there is somewhat of a learning curve in setting up one's work space the first few times. There have also been some paperwork issues to work out. The school district requirements are not all the same, so there have been some difficulties in the area of consents. An additional challenge is the remote location of some of the areas to be served. The majority of the volunteers are from the two population centers in the state causing long drives and overnight stays to reach the students.

This is a very ambitious program, which will certainly continue to challenge all those in the administration but will be well worth the extra effort to serve needy children across Nevada. We are working through the challenges to provide top quality preventive services to our patients to improve their dental and overall health status.

Western Interstate Commission on Higher Education (WICHE)

Program name:	Western Interstate Commission on Higher Education (WICHE)
Lead organization:	
Other partner organizations involved in the program:	Most health related programs, both public and private.
Geographic area served:	Statewide
Primary contact person:	Ron Sparks, II
Address:	Edmund J Cain Hall Suite 100, Mail Stop #304, UNR
City, state and zip code:	Reno, Nevada, 89557
Phone number:	(775)784-4900
Email address:	sparks_r@scs.unr.edu

Types of services provided related to oral health (check all that apply):

- ❒ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ❒ Screening for caries or other oral disease
- ❒ Treatment/restorative services
- ❒ Public education on oral health issues
- ☑ Other (please specify): Dental Loan Program

Primary age group(s) targeted by the program (check all that apply):

- ❒ Early childhood (ages 0 to 5)
- ❒ School-age children and youth (ages 6 to 18)

- ❒ Non-senior adults (ages 19 to 59)
- ❒ Seniors (ages 60 and over)

Description of services provided and/or activities conducted:

WICHE is a student exchange program in which the following states participate: Alaska, Arizona, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington and Wyoming. Nevada residents who wish to attend dental school have a choice of two programs, the Professional Student Exchange Program (PSEP) and the Health Care Access Program (HCAP).

In the PSEP, the student's tuition is paid directly to the school on the student's behalf at a reduced rate. The student must repay 25 percent of the support fee within 5-10 years after graduation and return to Nevada to practice dentistry for as many years as the student received support. In the HCAP, the tuition is paid directly to the school on the student's behalf at a reduced rate. The student is not required to repay any portion of the funds. However, the student must return to Nevada and practice in a dentally underserved region or with a dentally underserved population for two years. The penalties on this programs are severe; if the student does not fill the requirements, the student may be requested to pay triple the principle and 8 percent interest compounded daily.

Summary of service levels for the period July 1, 2003 – June 30, 2004:

Total number of people served n/a

Units of service – please list ways that the program measures service activity (such as number of patient visits, classes conducted, people screened, sealants applied, etc.) and provide total service levels for the year for each unit of service.

1. New Students Admitted to the program 8 students
2. National Health Service Corps 2 students

Program achievements during the period July 1, 2003 – June 30, 2004:

WICHE is very involved in all aspects of oral health. Since we are the program providing the providers, we do not have any direct service care.

WICHE has also recently partnered with the School of Medicine to provide matching funds for National Health Service Corps program in the field of dentistry. This will allow a participating dentist to receive loan repayment funds in exchange for working with the underserved population.

Challenges currently faced in conducting program activities:

Finding locations for the graduating students to practice. Getting students back in the state and practicing. Continued Legislative support for the program.

Clark County

Programs listed in this section focus primarily or exclusively on serving Clark County.

Channel 10 KLVX Ready to Learn Program

Program name:	Channel 10 KLVX Ready to Learn Program
Lead organization:	"Reading for Smiles"
Other partner organizations involved in the program:	Junior League of Las Vegas
Geographic area served:	Clark County
Primary contact person:	Candace Thompson
Address:	4210 Channel 10 Drive
City, state and zip code:	Las Vegas, NV 89119
Phone number:	(702) 799-1010 x420
Email address:	cthompson@klvx.org

Types of services provided related to oral health (check all that apply):

- ❒ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ❒ Screening for caries or other oral disease
- ❒ Treatment/restorative services
- ☑ Public education on oral health issues
- ❒ Other (please specify): _____

Primary age group(s) targeted by the program (check all that apply):

- ☑ Early childhood (ages 0 to 5)
- ☑ School-age children and youth (ages 6 to 18)
- ❒ Non-senior adults (ages 19 to 59)
- ❒ Seniors (ages 60 and over)
- ☑ Other: Adults/Primary Care

Description of services provided and/or activities conducted:

The KLVX Ready to Learn, Reading for Smiles program promotes Dental Health Education and literacy via KLVX on-air programs, workshops and resource materials.

Summary of service levels for the period July 1, 2003 – June 30, 2004:

Total number of people served =	Children	18,665
	Parents	14,296
	Teachers	753

Units of service – please list ways that the program measures service activity (such as number of patient visits, classes conducted, people screened, sealants applied, etc.) and provide total service levels for the year for each unit of service.

1. Workshops	330
2. Home visits	42 Title 1 sites x 70 teachers x 1/mo
3. Community Events	12/year

Program achievements during the period July 1, 2003 – June 30, 2004:

- Increase in parent involvement (workshop related)
- Designed "A trip to the dentist" education video/DVD
- Created over 40 on-air educational messages related to oral health. Aired on CH10, Cable 10 and 71 daily
- Nominated Reading for Smiles for National Outreach Award

Challenges currently faced in conducting program activities:

- Staff to conduct program workshops
- Funding for staff in requested workshops
- Age appropriate resource materials (Spanish/English)

Clark County Health District

Program name:	Clark County Health District
Lead organization:	Clark County Health District
Other partner organizations involved in the program:	
Geographic area served:	Clark County
Primary contact person:	Maureen Fanning
Address:	625 Shadow Lane
City, state and zip code:	Las Vegas, NV 89106
Phone number:	(702) 383-1318
Email address:	fanning@cchd.org

Types of services provided related to oral health (check all that apply):

- ☑ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ☑ Screening for caries or other oral disease
- ❒ Treatment/restorative services
- ☑ Public education on oral health issues

❒ Other (please specify): _____

Primary age group(s) targeted by the program (check all that apply):

☑ Early childhood (ages 0 to 5)
☑ School-age children and youth (ages 6 to 18)
❒ Non-senior adults (ages 19 to 59)
❒ Seniors (ages 60 and over)

Description of services provided and/or activities conducted:

- Provide fluoride varnish to children with Medicaid
- Provide screening for all children seen
- Provide education for parents and children

Summary of service levels for the period July 1, 2003 – June 30, 2004:

Total number of people served	4,000

Units of service – please list ways that the program measures service activity (such as number of patient visits, classes conducted, people screened, sealants applied, etc.) and provide total service levels for the year for each unit of service.

1.	each Healthy Kids exam	896
2.	each home visit exam	11,600
3.	each well baby visit	936
4.	checking siblings of infants	
5.	each day care exam	70

Program achievements during the period July 1, 2003 – June 30, 2004:

- All Public Health Nurses instructed on how to assess and apply fluoride varnish.

Challenges currently faced in conducting program activities:

None identified.

Community College of Southern Nevada Dental Hygiene Program

Program name:	Community College of Southern Nevada Dental Hygiene Program
Lead organization:	Dental Hygiene Program
Other partner organizations involved in the program:	
Geographic area served:	Las Vegas – Clark County
Primary contact person:	Theresa A Raglin

Address:	6375 W. Charleston Blvd
City, state and zip code:	Las Vegas, NV 89146
Phone number:	(702) 651-5594 DH Clinic (702) 651-5510
Email address:	Theresa_raglan@ccsn.edu

Types of services provided related to oral health (check all that apply):

- ☑ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ☑ Screening for caries or other oral disease
- ❑ Treatment/restorative services
- ☑ Public education on oral health issues
- ❑ Other (please specify): _____

Primary age group(s) targeted by the program (check all that apply):

- ☑ Early childhood (ages 0 to 5)
- ☑ School-age children and youth (ages 6 to 18)
- ☑ Non-senior adults (ages 19 to 59)
- ☑ Seniors (ages 60 and over)

Description of services provided and/or activities conducted:

- Preventive Services: prophylaxis, scaling and root planning, fluoride treatment, sealants, radiographs, chemotherapeutics
- Sponsor: Children's Dental Health Fair
- Participants: Miles for Smiles, Crackdown on Cancer
- Partner: Statewide Sealant Program
- Co-Sponsor: Prophy-sealant day
- Provide oral health assessment and screening at long-term care facility
- Oral hygiene education in schools

Summary of service levels for the period July 1, 2003 – June 30, 2004:

Total number of people served 4,892

Program achievements during the period July 1, 2003 – June 30, 2004:

- Approval for BS in dental hygiene to begin August 30, 2004.
- Special emphasis on public health and education

Challenges currently faced in conducting program activities:

None identified.

Clinic on Wheels

Program name:	Clinic on Wheels
Lead organization:	Classroom on Wheels
Other partner organizations: program	University of Nevada School of Medicine Pediatric involved in the Residency Program
Geographic area served:	Southern Nevada
Primary contact person:	Karen Leroy
Address:	2039 E. Lake Mead Blvd.
City, state and zip code:	N. Las Vegas, NV 89030
Phone number:	702-870-7201
Email address:	COWMED1@YAHOO.COM

Types of services related to oral health:

- Screening for caries and other oral diseases
- Public education on oral health issues

Primary age groups targeted:

- Early Childhood (Ages 0 to 5)
- School age children and youth (Ages 6 to 18)

Summary of service levels for the period July 1, 2003, to June 30, 2004:

Total number of patients seen:	8,080

Units of service:

1.	Dental screenings	8,080
2.	Dental referrals	601
3.	GIVE KID'S A SMILE PROGRAM	60
4.	Immunizations	3,339
5.	Sports/camp physicals	2,056
6.	Vision and hearing screening	1,939
7.	Funded labs	30
8.	Funded prescriptions	122
9.	Funded X-rays	3

Program achievements during the period July1, 2004 – June 30, 2004:

1. Made it possible for over 2,000 children to participate in sports or attend camp.
2. Immunized 3,339 children to prevent communicable illness.
3. Enabled 426 children to be treated for illness by directly providing them with care and funding prescriptions when necessary.
4. Screened 1,939 children's vision and hearing, referring them for comprehensive care as necessary.
5. Identified 601 children with dental disease and facilitated 60 to receive comprehensive care through the Southern Nevada Dental Society and the Nevada Dental Associations; Give Kids A Smile Program.
6. Assisted families in applying for Nevada Check Up.

Challenges currently faced in conducting program activities:

1. Adequate support staff given the increased volume of patients for whom we are providing care.
2. Funding to continue the current services and planned increases.
3. Additional dental referral sources.
4. Sub-specialty care for children with complicated illness.

Huntridge Teen Clinic

Program name:	Huntridge Teen Clinic
Lead organization:	Huntridge Teen Clinic
Other partner organizations involved in the program:	MAP Coalition via United Way of Southern Nevada, Clark County Health District,
Geographic area served:	Clark County
Primary contact person:	Jenney Sartin
Address:	2100 S. Maryland Parkway, Ste. 5
City, state and zip code:	Las Vegas, NV 89104
Phone number:	702-732-8776
Email address:	Huntridge@lvcoxmail.com

Types of services provided related to oral health (check all that apply):

- ☑ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ☑ Screening for caries or other oral disease
- ☑ Treatment/restorative services
- ☑ Public education on oral health issues
- ☑ Other (please specify): Extractions, /Root canals. Medical Care

Primary age group(s) targeted by the program (check all that apply):

- ❒ Early childhood (ages 0 to 5)
- ☑ School-age children and youth (ages 6 to 18)
- ❒ Non-senior adults (ages 19 to 59)
- ❒ Seniors (ages 60 and over)

Description of services provided and/or activities conducted:

The Huntridge Teen Clinic provides dental and medical care services to youth 12-19 years old, who are uninsured or ineligible for services at other county agencies. Dental services provided include: Oral health screenings and education, prevention of oral disease (fluoride treatments, sealants), restorative services including root canals, extractions and referrals to an oral surgeon when appropriate.

Summary of service levels for the period July 1, 2003 – June 30, 2004:

Service levels not available.

Program achievements during the period July 1, 2003 – June 30, 2004:

None identified.

Challenges currently faced in conducting program activities:

None identified.

St. Rose Dominican Positive Impact Dental & Medical Program

Program name:	St. Rose Dominican Positive Impact Dental & Medical Program
Lead organization:	St. Rose Dominican Hospitals
Other partner organizations involved in the program:	Miles For Smiles, Clark County School District Partnership Office, various private doctors, dentists and oral surgeons
Geographic area served:	Primarily SE & SW quadrants of Las Vegas Valley & outlying areas
Primary contact person:	Dolores Lynn Hauck – Community Outreach Programs
Address:	St. Rose Dominican Hospitals – Rose de Lima Campus
City, state and zip code:	102 East Lake Mead Parkway, Henderson, NV 89015
Phone number:	702 – 616 – 7525
Email address:	Dhauck@chw.edu

Types of services provided related to oral health (check all that apply):

- ☑ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ☑ Screening for caries or other oral disease
- ☑ Treatment/restorative services
- ☑ Public education on oral health issues
- ☑ Other (please specify): oral surgery and prescriptions

Primary age group(s) targeted by the program (check all that apply):

- ❒ Early childhood (ages 0 to 5)
- ☑ School-age children and youth (ages 6 to 18)
- ❒ Non-senior adults (ages 19 to 59)
- ❒ Seniors (ages 60 and over)

Description of services provided and/or activities conducted:

The Positive Impact program offered through St. Rose Dominican Hospitals since 1988, collaborates with the elementary, middle school and high school nurses to identify children in need of emergent dental and medical care. The Hospital sponsored dental clinics are on location at the Rose de Lima Campus. The Miles For Smiles dental bus provides the dental services twice weekly throughout the school year. Children in need of additional acute care treatments are referred to a network of pediatric dentists and oral surgeons willing to donate their professional services to the Hospital's charity programs. The program's services are restricted to referrals by school nurses and healthcare workers at shelters. The program provides complete treatment for all the siblings in the identified family unit to ensure a structure of education and healthcare that will make a difference to the child's growth and educational strides.

Summary of service levels for the period July 1, 2003 – June 30, 2004:

Total number of people served	N/A
Units of service – please list ways that the program measures service activity (such as number of patient visits, classes conducted, people screened, sealants applied, etc.) and provide total service levels for the year for each unit of service.	
1. Treatments & prescriptions	3,534
2. Education & dental kits	4,849
3. Children screened for Nevada Check-Up	1,366
4. Children screened for dental & medical	1,221
5. Patient visits	954

Program achievements during the period July 1, 2003 – June 30, 2004:

1) Increased easily accessible free dental treatment, education and healthcare services for uninsured school age children in severe pain.

2) Increased dental education and access to dental and hygiene products.

3) Substantial savings to the State Medicaid budget by using the network of professionals who donate their services to the Hospital sponsored dental program.

4) Processing of Nevada Check-Up enrollment applications by Hospital staff save the state monies that can be used to increase enrollment of qualified children and families.

5) Measurable increase in dental health of children receiving treatment from the Positive Impact program in collaboration with Miles For Smiles. Random 6 and 12-month callbacks tracked 38 children. Each child averaged six caries on initial visit and two caries on the follow up exam. 34 percent of the children recalled had no new decay.

6) Feedback from teachers, nurses and parents indicate the children on a regular basis experience increased appetite, energy and desire to learn in school when they are free from pain.

Challenges currently faced in conducting program activities:

1) The need for additional funding for acute care treatment procedures to maintain service levels.

2) The need for additional support from the state through PSA's and bilingual materials to educate the parents and children on proper dental care and nutrition. Clear messages on how sugar destroys teeth similar to the oral cancer campaigns.

3) Increased education to parents to not buy junk food and the rewards of having healthy teeth.

4) The identified need for dental care for uninsured adults in severe pain and unable to afford dental care.

5) Increased support and recognition by the state in the budget allocations for programs that provide children with acute care treatments in balance with programs that screen thousands of children to determine their need of dental care. The challenge continues to be access to affordable dental care and timely services for emergent dental needs.

University of Nevada, Las Vegas School of Dental Medicine

Program name:	University of Nevada, Las Vegas School of Dental Medicine
Lead organization:	
Other partner organizations involved in the program:	
Geographic area served:	Clark and Nye Counties
Primary contact person:	Victor A. Sandoval, DDS, MPH
Address:	1001 Shadow Lane, MS7410
City, state and zip code:	Las Vegas, Nevada 89106-4124
Phone number:	(702) 774-2641
Email address:	victor.sandoval@ccmail.nevada.edu

Types of services provided related to oral health (check all that apply):

- ☑ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ☑ Screening for caries or other oral disease
- ☑ Treatment/restorative services
- ☑ Public education on oral health issues
- ☑ Other (please specify): Show videos and disperse information on oral health

Primary age group(s) targeted by the program (check all that apply):

- ☑ Early childhood (ages 0 to 5)
- ☑ School-age children and youth (ages 6 to 18)
- ☑ Non-senior adults (ages 19 to 59)
- ☑ Seniors (ages 60 and over)

Description of services provided and/or activities conducted:

The UNLV School of Dental Medicine (UNLV SDM) is the preferred provider of dental services for 88,000 Medicaid recipients. The program provides a full range of dental services for qualified recipients, including emergency care on a walk-in basis. Oral Health Education and Disease Prevention are primary goals of the program.

Other services and activities:

- Oral Health & Prevention Instructions (Pre-School and "At-Risk" Elementary School Children, College Students, Assisted Living Centers, Alzheimers Care-Givers, Parents Clubs)
- Screening for Caries and Other Oral Diseases (same as above)
- Treatment / Restorative Services ("Give Kids A Smile" – Children's Dental Health Month)
- Participation in Health Expo 2004 (Las Vegas)

Summary of service levels for the period July 1, 2003 – June 30, 2004:

Total number of people served	66,119

Units of service – please list ways that the program measures service activity (such as number of patient visits, classes conducted, people screened, sealants applied, etc.) and provide total service levels for the year for each unit of service.

1. Diagnostic	55,685
2. Preventive	26,111
3. Restorative	22,664
4. Endodontics	4,153
5. Periodontics	242
6. Removable Prosthodontics	190
7. Fixed Prosthodontics	637
8. Oral Surgery	6,584
9. Orthodontics	902
10. Adjunct Services	2,340
TOTAL NUMBER OF PROCEDURES	119,508

Program achievements during the period July 1, 2003 – June 30, 2004:

1. Served over 66,000 people.
2. The Managed Care patient population became more familiar with our locations, doctors, staff, and accessing appointments.

3. Increased number of preventive procedures completed.
4. Increased number of restorative procedures completed.
5. Increased number of cases completed.
6. Emergency treatment was accomplished during scheduled clinic hours, limiting the number of after-hour emergencies (including weekends).
7. The Community Clinics improved their infrastructure to better serve the needs of our patients.
8. Expansion of educational outreach to more "at-risk" elementary schools.
9. Expansion of educational outreach to include college students, seniors/elderly, Alzheimers patients and Care-Givers.
10. Initiated partnerships with local dental society and dental hygiene association in "Give Kids A Smile" Activities (Children's Dental Health Month).
11. Participated in city-wide Health Expo 2004.

Challenges currently faced in conducting program activities:

1. General poor oral health of patient population.
2. Increase number of patients. (Population growth in NV)
3. High no-show rate for scheduled appointments.
4. High number of non-patient family members with scheduled patients.
5. Preventive maintenance.
6. Transportation problems.
7. Inability to contact patients because of constant changes of addresses and telephone numbers.
8. Lack of recipient commitment to:
   - keeping appointments
   - multiple appointments
   - recall appointments
   - long term treatment plans
9. Demand for services may exceed our capacity.
10. Identification of additional outreach sites.
11. Identification of additional referral sources for those lacking dental insurance or coverage by Medicaid or Nevada Check-Up

UNSOM General Practice Residency Program

Program name:	UNSOM General Practice Residency Program
Lead organization:	University of Nevada School of Medicine
Other partner organizations involved in the program:	University Medical Center
Geographic area served:	Southern Nevada/Las Vegas
Primary contact person:	George J. McAlpine DDS MS
Address:	1707 W Charleston Blvd Ste 290
City, state and zip code:	Las Vegas, NV 89102
Phone number:	702 671-5175
Email address:	mcalpine@med.unr.edu

Types of services provided related to oral health (check all that apply):

- ❒ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ❒ Screening for caries or other oral disease
- ❒ Treatment/restorative services
- ❒ Public education on oral health issues
- ❒ Other (please specify): _____

Primary age group(s) targeted by the program (check all that apply):

- ❒ Early childhood (ages 0 to 5)
- ❒ School-age children and youth (ages 6 to 18)
- ❒ Non-senior adults (ages 19 to 59)
- ❒ Seniors (ages 60 and over)

Description of services provided and/or activities conducted:

The Dental General Practice Residency provides full service care to include surgical placement and restoration of uncomplicated dental implants, cosmetic dentistry, simple orthodontics, crowns, bridges, full and partial dentures, endodontics to include apicoectomies and placement of retrograde fillings, periodontics, oral surgery to include IV sedation and surgical removal of impacted teeth. We also provide pediatric dental services to include oral sedation when indicated and operating room cases performed at UMC on a weekly basis where general anesthesia is required. We treat medically compromised patients to include cancer, organ transplant, and special needs patients. Many patients are screened and treated prior to radiation and chemotherapy or solid organ transplantation to establish a suitable level of oral health pre-procedurally.

Summary of service levels for the period July 1, 2003 – June 30, 2004:

Total number of people served	1,220

Units of service – please list ways that the program measures service activity (such as number of patient visits, classes conducted, people screened, sealants applied, etc.) and provide total service levels for the year for each unit of service.

1. Patient Visits	5,133
2. People screened	286
3. Sealants	151
4. Prophylaxis	403

Program achievements during the period July 1, 2003 – June 30, 2004:

Opening Phase I of an expansion program to modernize our clinic and go from six to 11 dental chairs. This has significantly increased our ability provide dental care to our patients.

Challenges currently faced in conducting program activities:

Obtaining funding to complete the final 1,000 sq ft build out/expansion of our facilities. This will add three more chairs and much needed administrative space.

UNSOM Pediatric Dental Residency Program

Program name:	UNSOM Pediatric Dental Residency Program
Lead organization:	University of Nevada School of Medicine
Other partner organizations involved in the program:	Sunrise Children's Hospital, UNLV School of Dental Medicine
Geographic area served:	Primarily Clark County (some rural areas)
Primary contact person:	Zakiya Moyenda, Program Officer
Address:	2040 W. Charleston Blvd., Ste 400
City, state and zip code:	Las Vegas, NV 89102
Phone number:	(702) 671-6418
Email address:	zmoyenda@unr.edu

Types of services provided related to oral health (check all that apply):

- ☑ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ☑ Screening for caries or other oral disease
- ☑ Treatment/restorative services
- ☑ Public education on oral health issues
- ❑ Other (please specify): _____

Primary age group(s) targeted by the program (check all that apply):

- ☑ Early childhood (ages 0 to 5)
- ☑ School-age children and youth (ages 6 to 18)
- ❑ Non-senior adults (ages 19 to 59)
- ❑ Seniors (ages 60 and over)

Description of services provided and/or activities conducted:

- Comprehensive services for infants, children and adolescents
- Children with special needs
- Specialty services such as sedation, general anesthesia or use of a hospital to provide services
- Community and professional education

Summary of service levels for the period July 1, 2003 – June 30, 2004:

Total number of people served: N/A

Units of service – please list ways that the program measures service activity (such as number of patient visits, classes conducted, people screened, sealants applied, etc.) and provide total service levels for the year for each unit of service.

1. Patient ambulatory visits: 15,600
2. Hospital or surgery center: 720

3. New patient evaluations 2,880

Program achievements during the period July 1, 2003 – June 30, 2004:

1. Meeting all accreditation standards
2. Specialty pediatric oral health services
3. Preventive services to patients and parents
4. Educational programs for children
5. Graduation of three pediatric dentists
6. Hiring of five auxiliary personnel/language skills
7. Collaboration with UNLV SOM and Clark County Department of Family Services

Challenges currently faced in conducting program activities:

1. Clinical facilities
2. Funding

Washoe/Douglas Counties and Carson City

The programs listed in this section primarily serve the northwestern portion of Nevada encompassing Washoe and Douglas Counties plus Carson City.

Health Access Washoe County Community Health Center

Program name:	Health Access Washoe County Community Health Center
Lead organization:	Health Access Washoe County
Other partner organizations involved in the program:	n/a
Geographic area served:	Washoe County
Primary contact person:	Michael Rodolico, EdD MPH
Address:	1055 S. Wells Ave., Ste 120
City, state and zip code:	Reno, NV 89502
Phone number:	(775) 329-6300 x 118
Email address:	mrodolico@hawcinc.org

Types of services provided related to oral health (check all that apply):

- ☑ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ☑ Screening for caries or other oral disease
- ☑ Treatment/restorative services
- ☑ Public education on oral health issues
- ❒ Other (please specify): _____

Primary age group(s) targeted by the program (check all that apply): *Program is targeted to general population*

- ☑ Early childhood (ages 0 to 5)
- ☑ School-age children and youth (ages 6 to 18)
- ☑ Non-senior adults (ages 19 to 59)
- ☑ Seniors (ages 60 and over)

Description of services provided and/or activities conducted:

In 1998, the HAWC Dental Clinic was formed to provide dental care to the underserved and currently provides preventative, restorative, and educational dental services consistent with the Nevada State Board of Dental Examiners regulations. HAWC's Dental Services include x-ray, cleanings, sealants, diagnosis, restorative dentistry, endodontic treatments, extractions, education, and prevention services.

In April 2003, HAWC purchased a second dental clinic, HAWC Dental South, located adjacent to the Neil Road area. During its first year of service, HAWC Dental South provided 1,736 patients with 3,616 visits.

Summary of service levels for the period July 1, 2003 – June 30, 2004:

Total number of people served	7,537

Units of service – please list ways that the program measures service activity (such as number of patient visits, classes conducted, people screened, sealants applied, etc.) and provide total service levels for the year for each unit of service.

1. Total Visits	17,186
2. Total # of children served	4,169
3. Estimated number of visits to children	9,505
4. RVUS	57,125
5. Write offs (Free care)	$843,951.54

Program achievements during the period July 1, 2003 – June 30, 2004:

- Funding was received to renovate two operatories at HAWC Dental South, bringing the total number of operatories from six to eight
- HAWC Community Health Center continued its Saturday Dental Clinic that served 877 children under the age of 18 with free oral health care
- The dental program experienced a 74 percent growth from previous fiscal year (9,145 visits FY 02 to 15, 944 visits FY 03)

Challenges currently faced in conducting program activities:

- Difficulties obtain payment from State Medicaid system/First Health
- Program not able to be self-sufficient and having to seek funds from community to sustain program
- Lack of specialty care providers who will work with HAWC patients

Pyramid Lake Tribal Health Center

Program name:	Pyramid Lake Tribal Health Center
Lead organization:	Indian Health Service
Other partner organizations involved in the program:	Head Start, Pyramid Lake Paiute Tribe
Geographic area served:	Nixon, Wadsworth, Fernley, Sutcliffe
Primary contact person:	Timothy L Ricks DMD MPH
Address:	PO Box 227
City, state and zip code:	Nixon, NV 89424
Phone number:	(775) 574-1018
Email address:	Tim_ricks@his.gov

Types of services provided related to oral health (check all that apply):

- ☑ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ☑ Screening for caries or other oral disease
- ☑ Treatment/restorative services
- ☑ Public education on oral health issues
- ❒ Other (please specify): _____

Primary age group(s) targeted by the program (check all that apply):

- ☑ Early childhood (ages 0 to 5)
- ☑ School-age children and youth (ages 6 to 18)
- ☑ Non-senior adults (ages 19 to 59)
- ☑ Seniors (ages 60 and over)

Description of services provided and/or activities conducted:

Early Childhood Caries Program - target 0-3 year-olds, beginning at eruption of 1st tooth for fluoride varnish, parental education, 3-month recalls

Water Fluoridation Program – implemented water fluoridation in Wadsworth, Nixon, and Ft. McDermitt.

Summary of service levels for the period July 1, 2003 – June 30, 2004:

Total number of people served	1,568 visits

Units of service – please list ways that the program measures service activity (such as number of patient visits, classes conducted, people screened, sealants applied, etc.) and provide total service levels for the year for each unit of service.

1.	Examinations	861
2.	Fluoride treatments	245
3.	Sealants	660

4.	Patient visits	1,568
5.	Diabetics treated for perio	87
6.	Procedures – clinical (1dentist, 1 assist)	6,761

Program achievements during the period July 1, 2003 – June 30, 2004:

1. Awarded over $161,000 in grant monies for year
2. Began xylitol gum program, evaluating *s. mutans* levels
3. Named Indian Health Service Prevention Program of the year for 2003; dentist named HIS Dentist of the year (clinical excellence award) for 2003

Challenges currently faced in conducting program activities:

None identified.

Reno Sparks Indian Colony

Program name:	Reno Sparks Indian Colony
Lead organization:	Indian Health Servive (HIS), USPHS/DHHS
Other partner organizations involved in the program:	Pyramid Lake, Fallon, Washoe & Schurz Tribal Health Centers
Geographic area served:	Washoe County, Native American Population
Primary contact person:	Michael Troiouo DDS, Tara Van Orden DMD
Address:	34 Reservation Road
City, state and zip code:	Reno, NV 89502
Phone number:	
Email address:	Tara.vanorden@na.his.gov

Types of services provided related to oral health (check all that apply):

- ☑ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ☑ Screening for caries or other oral disease
- ☑ Treatment/restorative services
- ☑ Public education on oral health issues
- ❒ Other (please specify): _____

Primary age group(s) targeted by the program (check all that apply):

- ☑ Early childhood (ages 0 to 5)
- ☑ School-age children and youth (ages 6 to 18)
- ☑ Non-senior adults (ages 19 to 59)
- ☑ Seniors (ages 60 and over)

Description of services provided and/or activities conducted:

N/A

Summary of service levels for the period July 1, 2003 – June 30, 2004:

Total number of people served	N/A

Units of service – please list ways that the program measures service activity (such as number of patient visits, classes conducted, people screened, sealants applied, etc.) and provide total service levels for the year for each unit of service.

1. Annual Visits	4,438
2. *Service units *1 unit = 20 minutes	18,396 units
3. Sealants placed	1,005

Program achievements during the period July 1, 2003 – June 30, 2004:

- Funding for new 10-operatory dental clinic

Challenges currently faced in conducting program activities:

None identified.

Saint Mary's Northern Nevada Dental Health Program

Program name:	Saint Mary's Northern Nevada Dental Health Program
Lead organization:	Saint Mary's Mission Outreach
Other partner organizations involved in the program:	Northern Nevada Dental Society
Geographic area served:	Northern Nevada
Primary contact person:	David Anderson
Address:	745 W. Moana Lane #100
City, state and zip code:	Reno, NV 89509
Phone number:	(775) 770-3591
Email address:	David.Anderson@saintmarysreno.com

Types of services provided related to oral health (check all that apply):

- ☐ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ☐ Screening for caries or other oral disease
- ☑ Treatment/restorative services
- ☐ Public education on oral health issues
- ☐ Other (please specify): _____

Primary age group(s) targeted by the program (check all that apply):

- ☑ Early childhood (ages 0 to 5)
- ☑ School-age children and youth (ages 6 to 18)
- ❑ Non-senior adults (ages 19 to 59)
- ❑ Seniors (ages 60 and over)

Description of services provided and/or activities conducted:

Provide dental services to low-income and uninsured children through the use of volunteer dentists.

Summary of service levels for the period July 1, 2003 – June 30, 2004:

Total number of people served 462

Units of service – please list ways that the program measures service activity (such as number of patient visits, classes conducted, people screened, sealants applied, etc.) and provide total service levels for the year for each unit of service.

1. Children placed to NNDHD Dentists 232
2. Children placed to other Medicaid Providers 230

Program achievements during the period July 1, 2003 – June 30, 2004:

- Northern Nevada Dental Health Program added nine dentists to the program. With these additional dentists the total number of volunteer dentists are 109.
- Purchased Dentrix Dental Practice software. This enables NNDHP to track volunteer providers production and bill Medicaid when appropriate. Annually, the providers receive a detailed report outlining patients seen, services provided and the billed amount for those services.
- Develop and implement a database that tracks patient status, patient placement timeline and communication notes. The database also tracks provider's demographics, specialty, preferred ages, patient placement and special practice requirements.
- NNDHP developed a program that increased access for children in need of dental surgery. Providers were given the option to add pro-bono NNDHP children to the end on their surgery line when operating at Saint Mary's Outpatient Surgery Center.
- 32 uninsured children were placed in Nevada Check up, by assisting their parents through the application process.
- American Dental Society/Volunteers in Healthcare issued a grant to NNDHP. The grant was to be used to recruit new dentists into the program and program development. Program flyers and provider packets were developed. The Northern Nevada Dental Society sent a survey to the members requesting their input on the issue of limited access to the uninsured. Survey results were collated and reported to the NNDHP board members.
- Developed a process where children can be pre-qualified for orthodontics. Long-term commitment by patients/families is crucial to completion of a child's orthodontic treatment. A flowchart was created that outlines the steps and timeline that is required to qualify for the program.
- Northern Nevada Dental Society member sponsored a golf tournament to raise funds to support NNDHP. The first annual Northern Nevada Dental Health program Gulf Tournament (2003) was held with the 2004 tournament planned for September 24.

Challenges currently faced in conducting program activities:

- Slowdown in Medicaid reimbursement. Since First Health assumed Medicaid provider relations for claims reimbursement, payment has been dramatically reduced. This creates a hardship in covering program costs.
- Large number of Medicaid and uninsured children that need sedation and orthodontics. The high cost of surgery and orthodontics limits the number of children that can be placed each year by our program.
- Parent follow-through. Placement of children with providers is impacted because the parent does not complete paperwork, schedule appointments with dental office or attend their schedule appointments timely.

Saint Mary's Take Care-A-Van, Restorative Program

Program name:	Saint Mary's Take Care-A-Van, Restorative Program
Lead organization:	Saint Mary's Dental Program
Other partner organizations involved in the program:	Washoe County School District
Geographic area served:	Washoe and Lyon Counties
Primary contact person:	David Anderson
Address:	745 W. Moana Lane #100
City, state and zip code:	Reno, NV 89509
Phone number:	(775) 770-3591
Email address:	davidanderson@saintmarysreno.com

Types of services provided related to oral health (check all that apply):

- ☑ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ☑ Screening for caries or other oral disease
- ☑ Treatment/restorative services
- ❑ Public education on oral health issues
- ❑ Other (please specify): _____

Primary age group(s) targeted by the program (check all that apply):

- ☑ Early childhood (ages 0 to 5)
- ☑ School-age children and youth (ages 6 to 18)
- ☑ Non-senior adults (ages 19 to 59)
- ☑ Seniors (ages 60 and over)

Description of services provided and/or activities conducted:

Provide accessible dental care for targeted underserved population in Washoe and Lyon Counties.

Summary of service levels for the period July 1, 2003 – June 30, 2004:

Total number of people served	2,667

Units of service – please list ways that the program measures service activity (such as number of patient visits, classes conducted, people screened, sealants applied, etc.) and provide total service levels for the year for each unit of service.

1. Preventive	2,242
2. Restorative	1,077
3. Endodontics	431
4. Oral Surgery	65

Program achievements during the period July 1, 2003 – June 30, 2004:

- Financial stability. In the first six months of this year the Mobile Dental Program met expenses each month. That is remarkable considering the program is fee for service and not grant funded. Medicaid patients are the program's predominate payer source. The dental program also offers a Sliding Fee Discount to families without insurance. The number of family member and family income determines discount off the programs usual and customary rate.
- Bilingual scheduler. A large number of our program's patients do not speak English. Having a staff member that can assist a family through the application process was crucial in improving access to the Hispanic culture.
- Our program achieved full production this year. With the hiring of a third dental assistant we reached full daily production. Full staff was one of the reasons the program was able to meet budget goals.

Challenges currently faced in conducting program activities:

- The greatest challenge that our program had to deal is the conversion that Medicaid made from Anthem Blue Shield Blue Cross to First Health. Starting September 1, 2003 payment all but stopped for claims submitted and rejected claims that require us to resubmit for payment have increased exponentially.
- Limited communication resources. This is a mobile dental program. Technology in both telephones and compute connections is too expensive to be cost effective. This creates problems such as not being able to unitize a multiple line phone system that could manage income call.
- No-shows and missed appointments. Our program operates by appointment only. Missed and broken appointments cause loss of revue and does not enable our program to fill that opening with a patient that may have an emergent need.

Saint Mary's Take Care-A-Van Sealant Program

Program name:	Saint Mary's Take Care-A-Van Sealant Program
Lead organization:	Saint Mary's Health Network
Other partner organizations involved in the program:	Washoe County School District. Churchill Co. School Dist., State of Nevada, Lyon Co. School Dist., Carson City School Dist., NNDS
Geographic area served:	Washoe, Lyon and Churchill Counties and Carson City

Primary contact person:	Ginny Cleveland RDH
Address:	745 W. Moana Ln., Ste 100
City, state and zip code:	Reno, NV 89509
Phone number:	(775) 770-3559
Email address:	Virginia.Cleveland @saintmarysreno.com

Types of services provided related to oral health (check all that apply):

- ☑ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ☑ Screening for caries or other oral disease
- ❑ Treatment/restorative services
- ❑ Public education on oral health issues
- ☑ Other (please specify): referrals

Primary age group(s) targeted by the program (check all that apply):

- ❑ Early childhood (ages 0 to 5)
- ☑ School-age children and youth (ages 6 to 18) (6 to 9 second grade students)
- ❑ Non-senior adults (ages 19 to 59)
- ❑ Seniors (ages 60 and over)

Description of services provided and/or activities conducted:

The Saint Mary's Mobile Dental Outreach Preventive Program (Take Care-A-Van) is a school-based dental prevention program which targets second graders in schools determined to be "at risk" in regard to access to dental care. The program operates on school premises out of a 40-foot van housing two dental operatories. The program begins with a visit from a program staff member who provides classroom oral health instruction including proper brushing and flossing technique, diet information, information about sealants and about general good oral and physical health. Those students who receive permission from their parents are seen on the Take Care-A-Van for a visual screening by a licensed dental professional. Students are then seen during subsequent visits to receive sealants on the teeth that are determined to be appropriate. Referrals are made for acute dental needs and information is provided to parents on how to access their own health insurance plans and how to register for public assistance programs. Parents are also alerted to needs that are present, but not determined to be acute. Each child who is seen in the program receives one-on-one oral health instructions and a new toothbrush and floss. The services are performed during school hours so that dismissal from school to attend a dental appointment is avoided for the preventive procedure. For many of our patients, this is their first dental experience. The program is staffed by licensed dental hygienists, dental assistants, qualified vehicle drivers, volunteer dentists, and other volunteers. The staff collaborates with the school personnel for scheduling, referrals and other areas of administration of the program.

Summary of service levels for the period July 1, 2003 – June 30, 2004:

Total number of people served 3,630

Units of service – please list ways that the program measures service activity (such as number of patient visits, classes conducted, people screened, sealants applied, etc.) and provide total service levels for the year for each unit of service.

1.	Number of children screened	2,217
2.	Number of children receiving sealants	1,814
3.	Number of second graders receiving classroom oral health presentations	3,630
4.	Number of sealants placed	5,997

Program achievements during the period July 1, 2003 – June 30, 2004:

We consistently provide quality preventive care for our patients. We receive many handwritten notes from patients as well as more formal correspondence from school personnel thanking us for our personalized care and treatment. We consider treatment for each individual patient in the program as an achievement. We look at the long-term affects of our work as a powerful means of improving the quality of life for our populations. Teaching children to take care of their own health will have a ripple effect by better equipping them to teach their children more effective ways to control their own health issues.

Challenges currently faced in conducting program activities:

With the inception of "No Child Left Behind," we are extremely challenged by a limited number of clinic hours available to us. A majority of the school principals will not allow us to start seeing the student until 10:45 am instead of the usual start time of classes (most often 9:00 AM). This policy is to accommodate the mandated reading programs. A small number of schools have limited our access to student until 12:45 PM. The shortened day has made it quite difficult to continue to see the same number of students during the school year.

We have seen a decline in the percentages of children participating in the program over the last two years – more markedly in the past school year. As a result of our customer service survey, we have determined that a part of the reason is the amount of paperwork required for participation. We must include a Health Insurance Portability and Accountability Act (HIPAA) form with each consent form as each of our participants is being seen as a new patient. We are limited to using the Saint Mary's approved form and it is confusing and/or overwhelming to many of the parents in the population served by the preventive program. Our paperwork sent home has quickly escalated from one simple form requiring signature to three typed pages, a 6-page HIPAA form and a brochure describing the services. The "red tape" has become daunting to the parents. The initial letter with the consent to treat is being rewritten to be less formal and friendlier in an effort to be less overwhelming, but that does not eliminate the amount of paper going home to the parents. We believe that more opportunities for direct contact with school staff and with parents will improve marketing of the program, but those opportunities will require more hours for someone to attend the school functions.

As with any not-for-profit program, we are working under very tight budget constraints. This is an ongoing program with an excellent history, but we are now consistently faced with finding ways to do the same quality and quantity of work on a smaller budget.

We are working through the challenges to provide top quality preventive services to our patients in an educational and low stress format.

Truckee Meadows Community College Dental Hygiene Program

Program name:	Truckee Meadows Community College Dental Hygiene Program
Lead organization:	Truckee Meadows Community College
Other partner organizations involved in the program:	
Geographic area served:	Northern Nevada and others
Primary contact person:	Laura J. Webb, CDA RDH MS, Director of Dental Hygiene
Address:	7000 Dandini Blvd RDMT 417H
City, state and zip code:	Reno, NV
Phone number:	775 674 7554
Email address:	lwebb@tmcc.edu

Types of services provided related to oral health (check all that apply):

- ☑ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ☑ Screening for caries or other oral disease
- ❒ Treatment/restorative services
- ☑ Public education on oral health issues
- ☑ Other (please specify): Non-surgical periodontal therapies, ei: Scaling and Root Planing Procedures, etc.

Primary age group(s) targeted by the program (check all that apply):

- ❒ Early childhood (ages 0 to 5)
- ❒ School-age children and youth (ages 6 to 18)
- ☑ Non-senior adults (ages 19 to 59)
- ☑ Seniors (ages 60 and over)

Description of services provided and/or activities conducted:

- Tooth brushing and healthy snack information to 36 preschool children at Alf Sorensen Parks & Recreation in Sparks

- Oral health information to parents of 2-3 year old children at P.E.A.C.E. Project (Parent Education and Child Enrichment) in Sparks

Events for National Children's Dental Health Month (February)

- Tuesday, February 10th, 2:00 Silver Lake Elementary
  Room K-2, Mrs. McCloud & Mrs. Zink (Pre K/K classes)
  Toothbrushing and oral health education to 40 children

- Friday, February 27:
  9:30-10:15 at UNR Nelson Center located at 401 W 2nd
  10:30- 11:15 at Comstock Center
  Oral health education

Additional Activities:

- Friday, March 12
  9:30-10:15 at Sage Center at 870 Sage St. (off of Oddie)
  10:30-11:15 at Lighthouse Center at 3100 Crystal Lane (off of Clear Acre)
  Oral health education

- Thursday, March 26, 6:00-7:30 PM UNR Head Start at Nelson Bldg. 401 W. 2nd (between Arlington and Ralston)
  Oral health education for parents of Early Head Start children, ages 2-3 years

- Thursday, March 26, 6:00-8:00 PM Roller Kingdom, 515 E. 7th St., Reno
  "Healthy Tooth Skate" Party sponsored by Northern Nevada Dental Society, Northern Nevada Dental Health Program, St. Mary's Take-Care-A-Van, Washoe County Student Health Services

- Tuesday, March 11, 12:00-12:30 PM Desert Heights Head Start, 5310 Echo Ave. in Stead (across from Job Corp)
  Oral health education for parents of Early Head Start children, ages 2-3 years

- Wednesday, March 25, 7:00 PM Stewart Indian Facility meeting room at 32 Sierra in Carson City
  3 students--oral health education to women/children (living in shelters) through a domestic violence prevention program

- Saturday, March 27 - International Honor Society sponsored health fair at TMCC Meadowood Campus

- Saturday, April 17, 10:00-2:00 American Family Health & Safety Fair, Miguel Ribera Center on Neil Rd. Sponsored by KNPB Channel 5 and REMSA, promoting oral health to the Hispanic Community.

- April: Oral Cancer Screenings, Denture Cleaning/Labeling in various Nursing Home Facilities in Reno/Sparks /Caregiver training on oral health issues

Summary of service levels for the period July 1, 2003 – June 30, 2004:

Not available.

Program achievements during the period July 1, 2003 – June 30, 2004:

- 100 percent pass rate on National Dental Hygiene Board
- TMCC DH students participated in many community dental health activities, thanks to the efforts of Professor, Julie Stage, RDH BS

Challenges currently faced in conducting program activities:

- It is a challenge finding supervising dentists available for clinical sessions at TMCC Dental Clinic.
- We need more didactic teaching staff.
- We would like to participate in more clinical externship activities at community dental clinic sites; however, we need to be able to send at least 2 students at a time.

Washoe Tribal Health Clinic

Program name:	Washoe Tribal Health Clinic
Lead organization:	
Other partner organizations involved in the program:	Great Basin Primary Care Association
Geographic area served:	Washoe County
Primary contact person:	Thomas Maynor II, DDS
Address:	1559 Watasheamu
City, state and zip code:	Gardnerville, NV 89460
Phone number:	(775) 265-4215
Email address:	Thomas.maynor@his.gov

Types of services provided related to oral health (check all that apply):

- ☑ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ☑ Screening for caries or other oral disease
- ☑ Treatment/restorative services
- ❑ Public education on oral health issues
- ❑ Other (please specify):

Primary age group(s) targeted by the program (check all that apply):

- ☑ Early childhood (ages 0 to 5)
- ☑ School-age children and youth (ages 6 to 18)
- ☑ Non-senior adults (ages 19 to 59)
- ☑ Seniors (ages 60 and over)

Description of services provided and/or activities conducted:

Provide general dentistry to beneficiaries (Native Americans) and non-beneficiaries (non Native-Americans) on a fee for service basis.

Summary of service levels for the period July 1, 2003 – June 30, 2004:

Total number of people served	N/A

Units of service – please list ways that the program measures service activity (such as number of patient visits, classes conducted, people screened, sealants applied, etc.) and provide total service levels for the year for each unit of service.

1. First Visits	1,148
2. Revisits	1,594
3. Broken appt	634

Program achievements during the period July 1, 2003 – June 30, 2004:

N/A

Challenges currently faced in conducting program activities:

- Maintaining (recruitment and retention) of staff
- Competing with community salaries and benefits

Yerington Paiute Tribal Clinic

Program name:	Yerington Paiute Tribal Clinic
Lead organization:	Yerington Paiute Tribe
Other partner organizations involved in the program:	None
Geographic area served:	Native American Population of Lyon, Mineral, Douglas, Washoe Counties
Primary contact person:	Darren Ruesch DDS, Dental Clinic Director
Address:	171 Campbell Lane
City, state and zip code:	Yerington, NV 89447
Phone number:	(775) 883-3335 / FAX (775) 463-3390
Email address:	

Types of services provided related to oral health (check all that apply):

- ☑ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ☑ Screening for caries or other oral disease
- ☑ Treatment/restorative services
- ☑ Public education on oral health issues
- ☑ Other (please specify): Endodontic and oral surgery

Primary age group(s) targeted by the program (check all that apply):

- ☑ Early childhood (ages 0 to 5)
- ☑ School-age children and youth (ages 6 to 18)
- ☑ Non-senior adults (ages 19 to 59)
- ☑ Seniors (ages 60 and over)

Description of services provided and/or activities conducted:

The Yerington Paiute Tribal Health Dental Clinic does provide services Monday through Friday 8am to 5pm. We provide a full and comprehensive range of dental care and treatments for our patients including cosmetic dentistry, bleaching, dentures, crown and bridge restorations, Endodontic treatment and oral surgery

Summary of service levels for the period July 1, 2003 – June 30, 2004:

Total number of people served	524
Units of service – please list ways that the program measures service activity (such as number of patient visits, classes conducted, people screened, sealants applied, etc.) and provide total service levels for the year for each unit of service.	
Number of Patient visits	2,310

Program achievements during the period July 1, 2003 – June 30, 2004:

- As of June 28, 2004 this clinic added a full time dentist
- Expanded services for all age groups
- From January 2003 to June 2003 the Yerington Paiute Dental Clinic had 24 days of service: from July 2003 to December 2003 Dental Clinic had 119 days resulting in close to a 500 percent increase in oral health care

Challenges currently faced in conducting program activities:

- Specialists (pedodontic, endodontic and orthodontic) willing to extend services to Medicaid and NV Check-Up patients
- Patients keeping appointments when scheduled
- Increasing pedodontic patients to get complete oral exams and treatment
- Baby bottle tooth decay syndrome
- Oral hygiene and rampant caries due to carbohydrate intake (carbonated sodas, sugars, candy)

Balance of the State

The programs in this section operate in the predominantly rural and frontier areas of the state.

Fallon Tribal Health Clinic

Program name:	Fallon Tribal Health Clinic
Lead organization:	IHS
Other partner organizations involved in the program:	
Geographic area served:	Fallon, Lovelock, Winnemucca, Yomba
Primary contact person:	Dr. Marlon A. Brown DDS
Address:	1001 Rio Vista
City, state and zip code:	Fallon, NV 89406
Phone number:	(775) 423-3634
Email address:	Marlon.brown@ihs.gov

Types of services provided related to oral health (check all that apply):

- ☑ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ☑ Screening for caries or other oral disease
- ☑ Treatment/restorative services
- ☑ Public education on oral health issues
- ❒ Other (please specify): _____

Primary age group(s) targeted by the program (check all that apply):

- ☑ Early childhood (ages 0 to 5)
- ☑ School-age children and youth (ages 6 to 18)
- ☑ Non-senior adults (ages 19 to 59)
- ☑ Seniors (ages 60 and over)

Description of services provided and/or activities conducted:

We provide services that range from patient education to restorative procedures, which include fillings, root canals, extractions, crowns, cleaning, etc. These services are provided to the Native American population in the Fallon, Winnemucca areas.

Summary of service levels for the period July 1, 2003 – June 30, 2004:

Total number of people served	1,150
Units of service – please list ways that the program measures service activity (such as number of patient visits, classes conducted, people screened, sealants applied, etc.) and provide total service levels for the year for each unit of service.	
1. Total service minutes by provider: restorative + hygiene – 69,197 + 66,634	135,831
2. Total services by provider: restorative + hygiene – 6,741 +3,357	10,098
3. Total services by level (I-VI)	7,086
4. Total initial visits	1,008
5. Total return visits	1,228

Program achievements during the period July 1, 2003 – June 30, 2004:

- We continue to work with our other Northern Nevada clinics on Diabetic Award program.
- We are working on a Xylitol and topical fluoride program to help reduce the caries rate.

Challenges currently faced in conducting program activities:

- Encouraging diabetic patients to come in for regular treatment.
- Encouraging patients to come in for regular care, not just emergency treatment.
- Coordinating with pregnant mothers/post-natal mothers to come in for care so that the caries rate can be decreased in their newborn child.

Family Resource Center of Northeastern Nevada

Program name:	Family Resource Center of Northeastern Nevada
Lead organization:	
Other partner organizations involved in the program:	
Geographic area served:	Elko Co
Primary contact person:	Karen Cooley/Michele Oly
Address:	1401 Ruby Vista Dr
City, state and zip code:	Elko, NV 89801
Phone number:	(775) 753-7352
Email address:	frcnen@elko-nv.com

Types of services provided related to oral health (check all that apply):

- ☑ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ☑ Screening for caries or other oral disease
- ❒ Treatment/restorative services
- ❒ Public education on oral health issues
- ☑ Other (please specify): __referrals for dental care_____

Primary age group(s) targeted by the program (check all that apply):

- ☑ Early childhood (ages 0 to 5)
- ❒ School-age children and youth (ages 6 to 18)
- ❒ Non-senior adults (ages 19 to 59)
- ❒ Seniors (ages 60 and over)

Description of services provided and/or activities conducted:

Oral health education, screening and referrals for dental care.

Summary of service levels for the period July 1, 2003 – June 30, 2004:

Total number of people served	811

Units of service – please list ways that the program measures service activity (such as number of patient visits, classes conducted, people screened, sealants applied, etc.) and provide total service levels for the year for each unit of service.

1.	Number of clinic sessions	72
2.	# new treatments	330
3.	# duplicated treatments	481
4.	referrals for further care	61

Program achievements during the period July 1, 2003 – June 30, 2004:

- Collaborations with Salt Lake City Pediatric Dentist to do treatments and oral surgery
- Miles for Smiles

Challenges currently faced in conducting program activities:

- Funding reductions
- Getting children back in for duplicate treatments
- Getting children in to dental care
- Scheduling

Miles for Smiles

Program name:	Miles for Smiles
Lead organization:	
Other partner organizations involved in the program:	
Geographic area served:	Southern Nevada and Northeastern Nevada
Primary contact person:	Terri Clark
Address:	6375 W. Charleston Blvd. W1A
City, state and zip code:	Las Vegas, NV 89146
Phone number:	(702) 651-5744 or (702) 651-5775
Email address:	Terri_clark@ccsn.edu

Types of services provided related to oral health (check all that apply):

- ☑ Prevention of oral disease (sealants, fluoride, prophylaxis, other)
- ☑ Screening for caries or other oral disease
- ☑ Treatment/restorative services
- ☑ Public education on oral health issues
- ❑ Other (please specify): _____

Primary age group(s) targeted by the program (check all that apply):

- ☑ Early childhood (ages 0 to 5)
- ☑ School-age children and youth (ages 6 to 18)
- ❑ Non-senior adults (ages 19 to 59)
- ❑ Seniors (ages 60 and over)

Description of services provided and/or activities conducted:

No description provided.

Summary of service levels for the period July 1, 2003 – June 30, 2004:

Total number of people served		We report on # of treatments –see below
Units of service – please list ways that the program measures service activity (such as number of patient visits, classes conducted, people screened, sealants applied, etc.) and provide total service levels for the year for each unit of service.		
1. Preventive	3,220	
2. Restoration	2,254	
3. # of teachers and children educated in a classroom setting	1,072	
4. # of educational encounters including classroom, public education, and health fairs	7,976	
5. Specialty care	31	

Program achievements during the period July 1, 2003 – June 30, 2004:

- Expansion into rural Nevada with mobile outreach in Elko and surrounding North East Nevada counties
- Continued focus on comprehensive care has increased. Our completion of treatment plans has gone from 24 percent in 2001 to over 60 percent in 2003-2004
- Educational encounters have increased significantly through participation in public health venues (namely health fairs)

Challenges currently faced in conducting program activities:

- With approximately 70 percent of our client base being Spanish speaking, translation can be a barrier, especially with parents
- With the transient nature of our population it is difficult to complete full treatment plans with children moving from school to school
- To complete treatment plans on children who have moved, they can be scheduled at the DFP clinic, however, transportation and commitment from working parents is a challenge